DOCUMENT RESUME

ED 390 003 CG 026 754

AUTHOR	Kaplan, David M., Ed.
TITLE	Systems Theory across the Counseling Spectrum.
INSTITUTION	New York Counseling Association, Inc., Albany.
REPORT NO	ISSN-1080-6385
PUB DATE	95
NOTE	96p.
AVAILABLE FROM	New York Counseling Association, Inc., P.O. Box 12636 Albany, NY 12212-2636 ($10).
PUB TYPE	Collected Works - Serials (022) -- Collected Works - General (020)
JOURNAL CIT	Journal for the Professional Counselor; v10 n2 spec iss Fall 1995
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Adult Students; *Counseling; Counselors; Disabilities; Elementary Secondary Education; Emotional Problems; Family Relationship; Family Structure; Females; Grief; Higher Education; School Counselors; *Systems Approach
IDENTIFIERS	Chaos Theory

ABSTRACT

The focus of this volume is systems theory. While systems theory has been widely utilized in marriage and family counseling, it is less well known to counselors in other specialities. Articles in this issue are: "The Evolving Family of the 1990s: Implications for Counselors" (Terry Bordan and Eugene Goldin); "Systems Theory across the Counseling Spectrum" (David M. Kaplan, Kathleen A. Collins); "Returning Women Students and Their Family Systems: Implications for College Counselors" (Nancy C. Morrison); "Systems Troubleshooting for School Counselors" (Jay Cerio); "IMPACT: A Systems Approach to Coordinating Services for Children with Emotional Disabilities" (Donald R. Nims); "Intervention Strategies for Collaborative Work with Clients Involved with Multiple Agencies and Institutions: A Problem-Defining Systems Approach" (Vicky Primer, William F. Northey, Jr.); "Undifferentiated Grief: A Systemic Perspective for Understanding and Treating Complicated Grief in Families" (Kevin J. Eames, Gregory Brack); and "Future Directions: Chaos Theory and Nonlinear Counseling" (Michael P. Wilbur, Janice Roberts-Wilbur, Edil Torres-Rivera, Jonna M. Kulikowich).

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ED 390 003

The Journal for The Professional Counselor

Volume 10, Number 2 Fall 1995

Special NYSAMFC Issue:
Systems Theory Across the Counseling Spectrum

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Terry Bordan

The NYC A Branch Journal of the American Counseling Association

CG026754

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The Journal for the Professional Counselor (ISSN 1080-6385) is a biannual publication for professional counselors. It is an official, refereed branch journal of the American Counseling Association, published by the New York Counseling Association, Inc. and is indexed by ERIC/CASS.

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Cover Design and Graphics: Marian Kearney McGowan, administrator, Iona College, NY

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Fall 1995 *Volume 10, Number 2*

The Journal for the Professional Counselor

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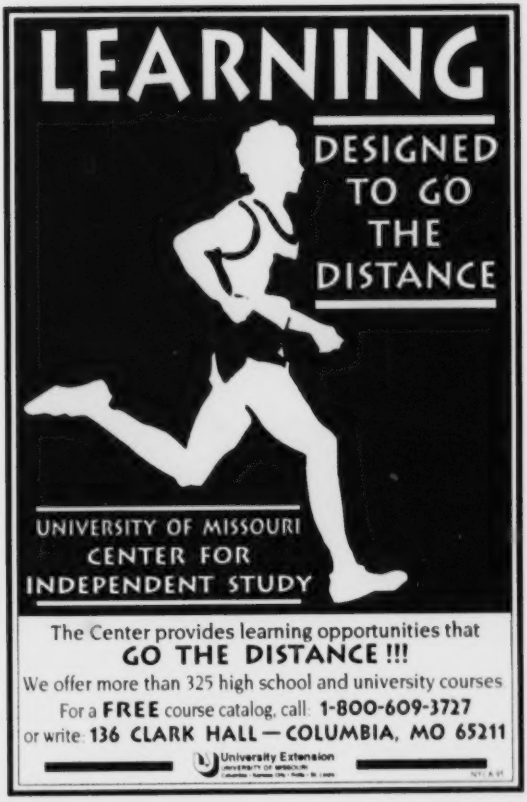
Message from the President

Dante J. Ascenzi

It is with great pleasure that I introduce this special inaugural issue of *The Journal for the Professional Counselor*. With special emphasis on Family Systems, Dr. David Kaplan's work is representative of the best of our profession and just a sampling from the dedicated individuals who comprise NYCA. A future edition will highlight School Counseling with David Slater. I am extremely proud of the work being conducted by our colleagues and it is a sincere privilege to present our readers with the cornerstone of NYCA, *The Journal for the Professional Counselor*.

The New York Counseling Association is an organization of many different specialities within the wide realm of counseling. This Journal minimizes the differences and highlights the similarities of our endeavors, drawing us closer as a profession. It is one of the finest vehicles through which we are able to keep abreast of current research in our field, thus enhancing our professional development. Our hope is that each issue will stimulate, challenge and provide insight to benefit our members.

I congratulate Dr. Terry Bordan, Dr. David Kaplan and the editorial staff on their dedication, hard work and expertise, all very apparent in the presentation of this issue. My best wishes to them and to all NYCA members as we begin another fruitful year.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From the Editor

The Evolving Family of the 1990s: Implications for Counselors

Terry Bordan

Eugene Goldin

This article examines the salient issues involved in counseling the diverse families of the 1990s. It is essential that various family configurations be acknowledged and validated as legitimate entities by the professional counselor.

The family has provided the foundation of society since the beginning of humankind (Hershenson & Power, 1987). Familial social systems have undergone a metamorphosis over time. The nuclear family consisting of the father, financial supporter/provider, and mother, homemaker with children, represents only a minority of contemporary households (Poppen & White, 1984). Today there are many viable styles of family structure, and there will be more diversity in family constellations by the year 2000 (Cherlin & Furstenberg, Jr., 1983).

Counselors are confronted, on many occasions, with the client expectation that family structure should conform to the traditional nuclear family motif. Much time in counseling is spent working with disappointment resulting from the loss of this assumption. A valid question is how this "idyllic" image became ingrained in the American psyche. It has been speculated that the normalization of the nuclear family arose as a result of the long periods of separation experienced by World War II soldiers and their spouses. The effect of this separation caused a strong desire to have, what heretofore had been missing, a secure, committed marital relationship. This, along with the burgeoning growth of the medium of television, led to the depiction of the nuclear family as the norm (Goldner, V., personal communication, September 28, 1989).

However, when the history of the family is explored, variations in structure have been plentiful. War, disease, poverty, death in childbirth, abandon-

ment and other aberrations have typically led to different family configurations. Additionally, "Children growing up in the past two decades have faced a maelstrom of social change" (Cherlin & Furstenberg, Jr., 1983, p.219). Minority status groups calling for ethnic/racial/religious/gender and alternative life-style equality have affected this change. It is incumbent upon the cross-cultural counselor to understand minority culture and acculturation as well (Arciniega & Newlon, 1981). Minority families have been treated pejoratively in the literature (Skolnick & Skolnick, 1989). With all the change in composition that families generally experience, it is important that counselors resist any urge to pathologize those different from the idealized norm. Thus, as the myth of the primacy of the nuclear family experience weakens (Zinn & Eitzen, 1990), this goal (normalization of the non-traditional family) becomes more of a reality. This would seem to be the essence of the work that awaits the counselor in relation to working with myriad family structures.

In the past two decades, the divorce rate has quadrupled in the United States (Popenoe, 1991). Approximately nine out of ten single-parent households are headed by women (Zinn & Eitzen, 1990). "By just about every measure, children of single teenage mothers are worse off than those in any other demographic group. They are poorer, less healthy and score lower on tests measuring cognitive development" (Newsday, p. A34). In order for these children to be helped to maximize their potential, there is a need for informed and sensitive practitioners in the school arena.

"Generally, as compared with other countries, the United States exhibits a pattern of attachments and disruptions in marriage that is certainly stressful for developing children and adolescents" (Hamburg, 1995). Counselors can serve this family unit by assisting them to gain a realistic perspective on parent-to-child relationships, facilitating the renegotiation of roles as the child develops into adulthood, and in identifying support systems within the family milieu. The professional counselor can encourage and emphasize the strengths that the single-parent possesses. For example, in a study comparing the attributes of single and married fathers, Strom, Fleming, & Daniels (1984) observed single fathers to be "more supportive of creative behavior during childhood, more tolerant of immaturity in their young sons and daughters, more willing to be interrupted by children when necessary, more able to share control with children and foster self-reliance, more respectful of children's strengths and preferences, and more relaxed during play with them" (p.86).

Understanding the non-traditional family can be anxiety provoking for the practitioner who is not familiar with the various familial permutations. One type of constellation is the blended family where one or both of the spouses in remarriage bring children by a former union into the new household. Historically, the blended family has been victimized by negative stereotyping (Poppen & White, 1984). This has served to compound the challenges inher-

ent in the blending process. Counselors can help children cope with transitional disruptions vis-a-vis mourning the loss of their nuclear family, redefining family boundaries, and roles within their respective households, dispelling destructive myths about blended families, establishing new traditions, strengthening the couple bond, creating a "parenting coalition", and accepting changes in household membership (Visher & Visher, 1988).

With increased diversity, attention needs to be given to alternative family lifestyles. "Couples and family counseling practices should reflect an appreciation of diversity and an affirmation of different family lifestyles and structures" (May, 1995, p.1). Family members are not immune to the cultural barbs thrown out on almost a daily basis. According to May, the counselor must be concerned with broader issues: that of homophobia and heterosexism. An important consideration for the counselor is to be aware of any personal/professional bias that may impede the counseling process. Additionally, counselors need to be able to assess the family support systems: the family of origin, friends, and the extended family ties. It is necessary to help clients with the coming out process. Stigmatized identities and homophobic attitudes are often issues for the professional counselor who works with the gay/lesbian family.

Although many concerns of the lesbian and gay family are similar to their heterosexual counterparts, there are some issues which are particular to lesbian and gay families. These issues are complicated by living in a society where heterosexism, homophobia, and sexism exist (Murphy, 1992). Some of these concerns are whether or not to parent, parenting roles, role differentiation, and gender questions. As stated, many issues central to the nuclear family are shared by the gay and lesbian family: parenting styles/issues, extended family concerns, and family time and resource management (Ariel & Stearns, 1992).

Today's society presents the counselor with numerous family configurations. When race, ethnicity, and culture are added to the mix, the possibilities which must be considered may appear to be overwhelming for the professional. What seems clear is that the counselor needs to be committed to ongoing education in order to have a fuller understanding of the existing complexities. Finally, it is necessary to remain committed to the position that the diverse families of the 1990s and their members are entitled to acknowledgement and validation by the professional counselor.

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From the Guest Editor:

Introduction to the Special Issue

David M. Kaplan
Past President, NYSAMFC

Welcome to the New York State Association of Marriage & Family Counselors (NYSAMFC) special issue of the *Journal for the Professional Counselor*. The focus of this volume is family systems theory. While systems theory has been widely utilized in marriage and family counseling, it is less well known to counselors in other specialties. Therefore, this issue of the *Journal* was designed to encourage counselors who were trained in traditional linear approaches to add a new dimension to their practice, teaching, and research.

After reviewing "Systems Theory Across the Counseling Spectrum" to gain an overview, each reader will naturally be drawn to the systems related article that focuses on his or her setting or client population. Included in this volume are articles which will be of interest to counselors who work in agency, school, college, rehabilitation and bereavement settings. However, I would encourage as broad a reading of the journal as possible, since many of the important concepts and examples discussed by the authors can be generalized to multiple areas of counselor specialization.

I would like to make a special comment about the closing article by Wilbur, Roberts-Wilbur, Torres-Rivera, and Kulikowich which discusses counseling applications of chaos theory. Since the basic concepts of chaos theory come from the field of physics, the reading can be challenging. Academicians and others who like to sink their teeth into a good theoretical discussion will be drawn to this topic. However, I would challenge all counselors to spend some time with this article. I have read it five times and have gained new insight with each reading.

In closing, I would like to thank the following individuals who served as ad hoc reviewers for this special issue:

Samuel Cali	Alfred University
Jay Cerio	Alfred University
Lori Crist	Alfred University
Leo Gilbert III	Alfred University
Joella Rand	Alfred University
Martin Rand	Ithaca College
Roslyn Wright	The Guidance Center

"To the family–that dear octopus from whose tentacles we never quite escape, nor, in our inmost hearts, ever quite wish to."

–Dodie Smith, *Dear Octopus*

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Systems Theory Across the Counseling Spectrum

David M. Kaplan
Kathleen A. Collins

This article is an introduction to family systems theory. It focuses on four areas that all counselors, regardless of setting or modality, may find useful in their work with clients: communication; problem solving; roles; and boundaries.

It has been said that family systems theory is not just another theoretical framework, but a major "paradigm shift" or entirely different way of thinking. While the origin of this approach is often credited to Ludwig von Bertalanffy (Bertalanffy, 1968), many of us who are at least thirty years old received our first exposure to systems theory in the early 1970s with the advent of Earth Day. This was the first time, on a large scale, that the American public became aware that different parts of our environmental system, or ecosystem, are much more interrelated than was previously thought. For example, we began to understand that sulfur emissions from industrial smokestacks in the midwest were acidifying lakes and killing large quantities of fish in New England. We began to see that refrigerant used in freezers could be depleting the ozone layer many miles above the earth, and causing skin cancer.

With the understanding of the interdependence of seemingly unrelated parts of the ecosystem (who had figured a smokestack in Ohio had anything to do with dead fish in Vermont?), it became natural for many counselors to gravitate toward a theory that viewed families in the same way. Counselors and therapists exposed to systems theory began to see that separate family members are interdependent and have a great effect on each other. They also began to see that, as with nature and the ecosystem, the family tries to maintain a balance (called equilibrium) that allows life to run smoothly.

It is the above mentioned focus on the family's need to maintain an equilibrium that forms the approach of systems oriented counseling (Napier

& Whitaker, 1978). The remainder of this article focuses on four areas that the authors find helpful in maintaining a healthy family equilibrium and, conversely, significantly contribute to common presenting problems across the counseling spectrum of specialties and sites when problems in these areas cause disequilibrium. These four areas are: communication; problem solving; roles; and boundaries.

Communication

Virginia Satir (cf. Satir, 1983) is often credited as a pioneer who helped us understand both how important constructive communication is in maintaining balance in a healthy family and also how poor communication leads to a myriad of presenting problems in counseling. Three aspects of communication that counselors new to systems theory might want to focus on with their clients are: the frequency of communication; the quality of communication; and triangulation.

Frequency of Communication

Stinnett and DeFrain (1985) point out that in order to have high quality communication, a family must first have a sufficient quantity of communication (i.e., if family members don't spend time talking to each other they are in big trouble!). The traditional stereotype of a family that has little communication has been one in which the father is a truck driver, constantly on the road, and therefore never around to talk to his wife and children. However, in this day and age, parents do not need to be physically absent in order for family members to spend little time together. Given both the number of single parent families where the custodial mother or father has to work and the number of dual parent households where both partners have to work, it is easy for many families to decide that any free time is to be spent catching up on chores and errands. Add to this the number of children who are involved in innumerable extracurricular activities such as work, sports, and theater productions, and you end up with families that just don't have the time to see each other (Ventura, 1995). In fact, this problem with shared time has become so common that it has been somewhat facetiously labeled "temporal deficit disorder" (Walchek, 1995).

Families that get out of balance from not spending enough time together will often come to a counselor's office (typically as an individual client) with a presenting problem of loneliness, isolation, and depression.[a] Symptoms of

[a]*Note.* All unreferenced presenting problems, suggested interventions, and client situations in this article come from the private practice experience of the senior author.

a lack of sufficient contact with other family members can show up in schoolchildren as rebelliousness ("acting out"), oppositional behavior ("looking for attention"), and plummeting grades.

When a counselor has assessed that the presenting problem may be related to a lack of time together, a useful homework assignment can be to ask the family to eat at least one meal a day together. Another possibility is to ask the family to try the following experiment: every night for two weeks the entire family (no exceptions) sits down and each family member in turn has five minutes to talk. No one can interrupt during the five minutes, and the speaker can choose any topic for discussion.

A final possible intervention for "temporal deficit disorder" is to encourage parents, when appropriate, to make their childrens' rooms less inviting. This is especially valuable when parents report that their children disappear into the bedroom immediately after school, reappear briefly for dinner, and then retreat again to their lair for the remainder of the evening. It seems that modern children spend more time alone in their rooms than in previous generations, in part because adolescent bedrooms have become multimedia centers; they have televisions, telephones, cable, air conditioning, video games, etc. By removing most of the entertainment and limiting bedrooms to the purpose of sleep, children will be encouraged to spend more time in public areas of the house and therefore interact with other family members.

In summary, counselors starting to use systems theory may be surprised to find how many families and individuals who come to counseling with issues of isolation, loneliness, depression, and problem children can be helped by promoting family life and encouraging the family to spend time together on a regular basis (Ventura, 1995).

Quality of Communication

Once you have been able to work with a family on increasing the frequency of communication as described above, you can begin to assess the quality of communication. One aspect of communication quality involves the rules family members use when they talk to each other (Satir, 1983). There are certain rules about how family members express anger and affection to each other that can facilitate a healthy balance and good feelings in a family. These rules include: no put downs; no cursing; no yelling and screaming; and limiting fights to 15 minutes or less. Families that break these rules on a regular basis will often enter counseling with parents who feel out of control and children who talk back and/or curse in school and exhibit low self esteem. Speaking to the cursing issue, an interesting assessment that a counselor may want to make with parents of a child who uses foul language in school is to ask the family who else uses those exact words. The parents will

usually state that it is the child's friends. The child, however, will often acknowledge that those words were modeled after one or both of the parents. Therefore, encouraging the parent or parents who curse at home to discontinue using that vocabulary around the family (sometimes easier said than done) will often greatly help a student discontinue using the same language in school.

Triangulation

Triangulation refers to the recruitment of one family member by another to take sides against a third family member (Bowen, 1971). In counseling situations, we typically see a parent who asks a child, either overtly or covertly, for help against the other parent. A common example of this occurs in divorce situations where parents may tell their children what a terrible person their ex-spouse is. While this can help the parent to ventilate extreme anger at their ex-spouse, it can do great damage to the children. Left unchecked, this triangulation can escalate into a game called "Cut Down" where parents attempt to get the children to blame the divorce and the marriage problems on the other spouse (Bridgeman & Willis, 1976).

Cut Down creates numerous problems for the children. First, it forces the children to choose sides. Do they believe mom when she says what a rotten husband dad was and that he is never on time with the child support check, or do they believe dad when he says that mom is a tramp and sleeps around? Children do not want to have to choose sides in a divorce and this pressure can take the form of such presenting issues as extreme anxiety, dysthymia, depression, nightmares, school problems, and even suicidal ideation because death is seen as an escape.

An intervention in this situation is to work with the parents to understand that the divorce was between the two adults. The counselor can encourage the parents to tell the children on a regular basis that their mother will always be their mother, their father will always be their father, and that they do not need to choose who caused the divorce. Counselors can also help parents practice dealing directly with each other about sources of anger and not talking to the children about their ex-spouse (Bridgeman & Willis, 1976).

While the above section has focused on helping communication in families, counselors who work as business consultants or career development specialists may want to note that these issues also pertain to maintaining a healthy balance in the work environment. It is important for co-workers to talk to each other on a regular basis, have healthy rules about the ways in which ideas are communicated, and to refrain from triangulation where two or more employees team up against another employee or the boss. Disruption

of healthy communication in the work site can cause the same kinds of problems as in a family: anxiety, isolation, depression, and, in extreme situations, suicidal ideation.

Problem Solving

Counselors across the spectrum of modalities and settings have clients who report that they are depressed, anxious or hopeless because important problems are never solved and keep coming up over and over again. In his 1978 book, *The Family Crucible*, Carl Whitaker points out that these difficulties often occurred in previous generations and are passed on to children and grandchildren. For example, parents who come to counseling because their children refuse to take school seriously may have a family history with grandparents and great-grandparents who felt the same way about school. Therefore, teaching effective problem solving skills can be an essential component in counseling so that families can, sometimes for the first time in generations, effectively resolve conflicts. Three problem solving skills that counselors may want to teach family members are: the art of compromise, developing family rules, and becoming comfortable with change.

The Art of Compromise

One of the reasons that families can get in an unhealthy cycle of recurring fights and arguments over a period of months, years, or generations is that they learn to put themselves in a win-lose situation. In other words, these families fight as if they are embroiled in an adversarial legal system where somebody has to win and somebody has to lose. When this happens, people dig their heels in and become bound and determined to get their way and not to lose face. Since other family members are equally determined to get their way, the problem never gets solved. An example of this is a couple who fights over how much money should be saved toward retirement. One partner may feel that at least 20% of gross income should be put in savings, while the other partner feels that he or she wants to live for today and spend everything. This couple may have recurrent fights because they cannot agree to either save 20% or to save nothing.

Another example involves parents who have been fighting with their children because mom and dad are determined that their kids will go to college and the children want no part of it. The fighting cannot be resolved because the family cannot agree which side wins.

A counseling intervention for these situations is to help the family understand that they have put themselves in an adversarial win-lose situation and to propose the implementation of an alternative course of action that sets up

a cooperative win-win situation where everyone can feel that they are successful.

In order to help clients move from a win-lose to a win-win situation, counselors can teach the art of compromise by helping the family brainstorm a new solution that is different than that proposed by any one individual. In the previous example where the couple is fighting about how much money to save toward retirement, the counselor can ask each partner to come up with a third possibility that is not exactly what either partner wants, but is close enough for both to feel comfortable. It is important for the final solution to be different than either of the original positions because that allows both husband and wife to save face and not lose. At the point that the partners realize that both can win, a new solution can be negotiated (e.g., saving ten percent of the family income).

In the example of the family fighting over whether the children will attend college, it can be useful to brainstorm alternatives to full time enrollment (e.g., part time matriculation or options for returning to school in the future if the children decide to pursue full time employment out of high school). Again, it is important to help the family settle on a compromise that is not identical to any of the original positions so that none of the family members feel that a specific person "got his or her way".

Developing Healthy Family Rules

Unsolved problems can also get passed on from generation to generation because the family has developed unhealthy rules around these problems (Napier & Whitaker, 1978). For example, fathers who commit sexual abuse may come to a counselor (often because of a court order) stating that incest is a proud tradition in their family and is taught from father to son. As one father stated during a counseling session, "Who better to break in my daughter than her own father?". Obviously, it can be very useful for a counselor to have the family identify such an unhealthy rule and to help family members understand why they need to change, modify, or eliminate it.

Family rules that were developed in previous generations can also cause problems when they have outlived their usefulness but continue to be followed. For example, a career or school counselor may be working with a secondary school student who refuses to consider additional training after high school because the family developed a rule long ago that one earns one's keep in society by hard, physical work. The counselor can help the client identify the family rule and understand that it was quite useful one hundred years ago because many important jobs were done by manual labor. However, in modern times, this rule can have a strong negative effect because we

have changed to a society where service and technical jobs are prevalent.

Getting Used to Change

Haley (1982) points out that a third important reason that families have trouble solving problems is because change is often difficult and uncomfortable. For example, a single parent may be fully aware that working an evening shift that leaves the children alone when they get home from school is problematic. However, thinking about changing this situation is very difficult because there may not be any first shift positions available or the pay differential is needed to support the family. A mistake that counselors often make in this type of situation is to expect too much from individuals and families by demanding that they implement healthy changes and suggestions at the snap of a finger (e.g., stating to the above parent, "there are no excuses — you have to find a day job"). When a counselor makes too many suggestions and expects changes to occur too quickly, families and individuals will often respond by dropping out of counseling.

Haley proposes that an alternative to the expectation that families move immediately from unhealthy to healthy positions is to first encourage the client or family to safely get used to the process of change, even if it means moving from one unhealthy pattern to another unhealthy pattern. Using paradoxical techniques can be useful in these situations (Haley, 1982). As an example, a mother and father came for counseling because their adolescent daughter refused to come home at night. The parents were insisting that the child be home by 7:30 on a school night, and the child was insisting that she should be able to stay out as late as she wanted to. After many attempts to introduce effective problem solving (changing from a win-lose to a win-win situation as discussed previously), the family was not better off. Therefore, the counselor decided to follow Haley's suggestion and have the family become comfortable with change by moving from one dysfunctional system to a different dysfunctional system.

An experiment was suggested by the counselor where the girl had to stay out at least until 2:00 a.m. every night for two weeks, and under no condition could she step foot back in the house before that time (Note: provisions were made to ensure the daughter's physical safety, and the International Association of Marriage and Family Counselors (1993) ethical guidelines for intrusive interventions were followed). The child quickly agreed to this experiment with a gleam in her eye. The parents were reticent but trust had been built in the counseling relationship and therefore they decided to give it a try. It was understood by all parties that the counselor could be called at any time in an emergency.

Four days into the experiment the girl called the counselor asking for an immediate session. When the family came to the office the daughter stated that she wanted to stop the exercise because she was bored to death. The daughter had been staying out late at night and all her friends had gone home around ten or eleven o'clock. Consequently, the girl reported that she ended up sitting on the doorstep for two or three hours every night waiting to be let into the house. The counselor then asked both parents and the daughter what they felt would be a reasonable solution to this problem. The response on both sides was a willingness to negotiate a curfew that, while both somewhat later than what the parents wanted and somewhat earlier than what the daughter wanted, was reasonable.

Roles

So far, three pioneers in family systems theories have been mentioned: Virginia Satir, Carl Whitaker, and Jay Haley. A fourth, Salvador Minuchin, is often credited with helping us understand how important family roles are in maintaining a healthy balance in life.

It is important to understand that when we focus on roles in a family, we are not speaking to gender stereotyping (e.g., that men have to take out the garbage and women have to do the vacuuming). Rather, two important roles that family systems theory focuses on are those of parent and child (Gladding, 1995). In order to maintain a healthy family balance, it is important for parents to take on the responsibilities that come along with that role, and it is also important to allow children to be children (Minuchin & Fishman, 1981). Sometimes, when families get out of balance, these roles will often get reversed; parents become the children and the children are asked to become the parents. One example of this can happen when a father dies. The mother and extended family may ask the son to become "the man of the family". This puts a great deal of pressure on the son to assume adult responsibilities before he is ready to do so and can result in depression, low self-esteem, and feelings of inadequacy and failure. These symptoms are a direct result of the son thinking that he must be a terrible person because he can't help his mother by successfully replacing his father as the man of the family.

A second example is seen in an estranged marriage, and typically involves a daughter. It is not unusual for mothers in emotionally distant marriages to ask a daughter to become their best friend in order to help deal with loneliness. This places the daughter in the difficult position of listening to private disclosures about such issues as sexuality and personal finances that really should be discussed with another adult.

An implication of the above discussion for counselors working in a college counseling center is to assess whether students who are dropping out of

school are doing so in order to take care of their mother or father. A discussion about whether this is the proper role of a child and some problem solving sessions focusing on how the parent can be taken care of by other family members, friends, or professionals may help students continue their education.

There are other common situations where sons and daughters are asked to become adults, and identifying and helping children get back to their proper role in these instances can be an important counseling goal. Children of single parents may be asked to take on greater responsibility than they can handle because of the lack of a second parent in the household. They may be expected to do adult type chores or to take care of themselves or younger siblings without supervision for long stretches of time. A second example is where children of mentally ill adults are asked to take care of the parent because of the incapacitating nature of the mental illness.

A final problem with roles occurs when parents decide to become best friends with their children. It should be noted that there is absolutely nothing wrong with wanting to be close to your son or daughter. However, crossing the line and wanting to be your child's best friend may disrupt both the parent's and the child's lives. Many family counselors have the philosophy that family roles are best kept in a healthy balance when parents have another adult as their best friend and children have another child as their best friend.

Boundaries

Boundaries refer to the amount of emotional distance we have with the people we care about (Minuchin, 1974). Murray Bowen (1978) was a family systems theory pioneer who helped us to understand that a healthy balance between being too distant from the people we care about (called disengagement) and being too close to our family members (called enmeshment) is important for our mental health.

Disengagement

As discussed in the communication section, many families in this day and age simply do not spend enough time with each other. The resulting disengagement that may occur can leave family members feeling isolated and terribly alone. Clients with symptoms resulting from this situation come to counseling not only with these feelings of isolation and aloneness, but also depression, alcohol abuse (used to cover up pain) and rebellious behavior (used to try and get attention from other family members). Speaking to the issue of rebellious behavior, it often can be useful to investigate whether children labeled with Oppositional Defiant Disorder (American Psychiatric

Association, 1994) are acting out in an attempt to be less disengaged from their parents. Useful interventions for disengagement follow suggestions given previously in the communication section; encouraging families to experiment with spending time together and getting to know each other.

Enmeshment

Enmeshment refers to families who have "too much of a good thing"; they are too close to each other (Minuchin, 1974). Members of an enmeshed family tend to lose their individual characteristics and autonomy, causing a feeling of loss of control.

College counselors often like to walk around campus the first day of school to meet and greet the students and their families and make sure that everything is going smoothly. Periodically, these counselors will run into a parent who says, "*We* are going to college". In other words, the parents too closely identify themselves with their children and feel as if the whole family is attending the institution. The counselor then diplomatically explains to the parents that their *child* is going to college and that *they* are going home.

The loss of individual identity to family identity can result in a lack of privacy in the home of the enmeshed family. Bathroom doors may not be closed when people are using the facilities, and parents often do not allow their children to shut bedroom doors. One 22 year old client, who felt that she needed more privacy, worked on this issue by putting a lock on her bedroom door at home. The father promptly took the door off its hinges.

Presenting problems resulting from enmeshment often show up in counseling as issues of control; clients who feel that they are not in charge of their lives. A classic example is anorexia. Women with anorexia often come from enmeshed families and will typically be very upfront about the fact that they are using their eating disorder as a way to gain some of the control over their lives that they feel their parents have taken away (Minuchin, 1984). It is not unusual to hear anorexics say, "If I can't control my life and my parents insist on telling me everything that I have to do, at least I can control my own weight". Therefore, when a counselor has assessed that enmeshment may be an issue in a family, any intervention which helps individuals regain appropriate control of their lives can be very useful. One example of this is to have the client write an essay entitled, "Who I Am". This can begin the process of exploring how the client is unique and has different characteristics, goals, and rules than parents and siblings.

Interdependence

Interdependence is the name given to the healthy balance between disengagement and enmeshment. It is the best of both worlds because while disengagement is problematic due to the resulting sense of isolation, it does have an advantage in allowing family members to develop their own individual identity. On the other hand, while enmeshment produces problematic issues with control, it is advantageous in that it produces intimacy. Interdependence is that healthy balance where family members are close enough to develop intimacy, yet far apart enough to develop individual identities. That balance is achieved in counseling by helping family members to allow for individual differences and decision making and yet remain close and intimate.

Conclusion

Regardless of setting or type of client, counselors can benefit from a knowledge of family systems theory when the presenting problem reflects communication, problem solving, role, or boundary issues. While entire monographs, chapters, and books have been written about each concept discussed in this article, the overview provided may encourage counselors accustomed to linear thinking to expand their view and look at the client's system.

It should be noted that this article focuses on the classic foundations of family systems theory and, due to space limitations, does not address such current systems topics as postmodern therapy, solution focused therapy, solution oriented therapy and constructivism (cf. Becvar & Becvar, 1993, pp. 293-316).

If the ideas presented in this article have encouraged the reader to explore family systems theory in greater depth, the following list of classic texts is provided (Note: texts are listed in order of suggested reading sequence).

Napier, A., & Whitaker, C. (1978). *The family crucible*. New York: Harper & Row.

The Family Crucible is one of our favorite books. If you don't get excited about systems theory after reading this book, you might want to check your pulse. *The Family Crucible* also includes a list of suggested readings.

Satir, V. (1964). *Conjoint family therapy*. Palo Alto, CA: Science & Behavior Books.

Any book by Satir is useful in understanding the importance of communication in families and how a counselor can change dysfunctional patterns to functional patterns.

Minuchin, S., Rosman, B.L., & Baker, L. (1978). *Psychosomatic families: Anorexia Nervosa in context*. Cambridge, MA: Harvard University Press.

You get two for the price of one with this book. It provides insight into the importance of understanding and changing family roles and boundaries, as well as the family dynamics of eating disorders.

Haley, J. (1982). *Problem solving therapy* (2nd ed.). San Francisco: Jossey-Bass.

An excellent and intriguing book on how to use paradox to produce a lot of change in a short time. This is probably not the first systems theory book to read, since paradox is one of the riskiest and most powerful interventions available and the book might scare you if you aren't familiar with alternative approaches.

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A group of closely related persons living under one roof; it is a convenience, often a necessity, sometimes a pleasure, sometimes the reverse; but who first exalted it as admirable, an almost religious ideal?

–Rose Macaulay, *The World My Wilderness*

27

Returning Women Students and Their Family Systems: Implications for College Counselors

Nancy C. Morrison

When adult women with children return to school, stress reverberates throughout their family systems. During the planning stages, the transition to college student may seem deceptively simple. However, the impact is felt in many ways throughout the whole family during the entire educational process. This article presents results of a longitudinal, qualitative study on the perceptions of re-entry students and their families as they both anticipate and cope with change. Implications for college counselors working with students and their family systems as well as interventions useful for enrichment, prevention, remediation and crisis levels are presented.

Adult women are returning to college in record numbers. A recent survey by Appling (1991) found that 40 percent of undergraduates are nontraditional, or 24 years of age or older. These re-entry students are important members of the college community, and many colleges and universities attempt to meet the needs of these students by making adjustments in college procedures and scheduling, or by providing special services and programs. While these attempts show that college personnel are extremely interested in increasing the retention rate of nontraditional students, most institutions are unaware that the success of re-entry students often depends not on actions taken by the school, but on complex interactions experienced within the students' primary environments (Hybertson, Hulme, Smith & Holton, 1992).

Family systems theory can provide a framework for attending to the complex patterns of stress that can develop within families of returning women students. This model views the family as a system of interacting parts

in which each member mutually influences every other member. A change in one family member, such as a mother returning to school, results in the entire family system experiencing distress and disorientation (Bridges, 1980). At such times of transition, family systems may lose their sense of security and members search for ways to return to a more comfortable context. Pressures within a system trigger homeostatic mechanisms which can function to return the system back to the old, more comfortable patterns.

While transitions occur regularly in all families as they experience the normal changes of moving through the family life cycle (Carter & McGoldrick, 1989), the change of a mother and/or wife returning to school can be particularly challenging because families often do not anticipate the resulting level of disturbance. Although the stress of this type of transition is felt by all members, symptoms often appear in unexpected places. For example, a child may develop school phobia or the marriage may disintegrate under the added family pressure. Thus, families not understanding the nature of change, transition, and family stress can be caught off guard and crumble under multiple pressures.

Interestingly, the new stress on the family system of returning women students often does not become apparent at the beginning of the school experience. Re-entry students often take only one course at the beginning, or find other ways to ease into the school process. The mother may expend great effort to minimize the impact on the family by continuing to perform all of her previous roles in addition to her new responsibilities. Although this may work for awhile, eventually some event or an accumulation of the pressure to be "super-woman" results in burn-out and then the family suddenly feels the full impact of the change. For example, "Mary" may be able to keep the family routine working if she can schedule all her classes in the day while her children are in school and study late into the night. The first evening course, an extra paper to write, or a family illness can be a turning point for Mary as she is no longer able to shield her family from having to make changes in their life style. New battles with her husband or children may emerge over family roles, chores, or communication patterns. Returning students like Mary often feel like a tiny ball in a pin-ball machine, bouncing around, hitting one challenge after another with no chance to rest. For some, the only way to stop the ball may be to consider a divorce or to quit school.

Review of the Research

Padula (1994) has specifically noted the paucity of studies about the unique needs of re-entry women and their families. Most of the research which has been conducted on the needs of women returning to college has focused primarily on the individual student, overlooking the needs of the family

system or the mutual impact of family and student on success in school. For example, a study by Mutter (1992) found that an important component in students' persistence is their perception of support from the most important people in their lives. A few researchers have attempted to study the elements of this support. Spreadbury (1983), using a support questionnaire with nontraditional women students, reported that most wives state that their marriages have not suffered from their return to school and that they are able to reduce their time on cooking and housework when they need more time to study. In contrast, Berkove (1979) found that re-entry women add to their "already existing chores rather than to try to change the family's *status quo*" (p. 456). Berkove concluded that these women are motivated by a desire not to inconvenience their spouses or create added stress in the home. Beutell and Greenhaus (1982) found that the attempt to be a "supermother" is the most prevalent pattern adopted by re-entry women and paradoxically also the least successful coping strategy. Huston-Hoburg and Strange (1986) noted that a return to school presents direct challenges to the traditional role distinctions for married adult women and their families, while Gilbert and Holahan (1982) observed that this role stress is reinforced by societal attitudes which foster both role expansion and role confusion for re-entry women rather than role relinquishment.

Several researchers (Berkove, 1979; Spreadbury, 1983) have identified a pattern of changing spousal support over time, with husbands of re-entry women being negative or neutral at the initiation of classes and becoming more supportive and encouraging over time. While this sounds positive, Suchinsky (1982) found that these overt messages of encouragement are frequently counteracted by either a lack of behavioral support or deliberate actions which undercut the student's sense of well-being. Suchinsky concluded that wives perceive the major impact of the family as inhibitory rather than helpful in the return to school process.

None of the previously discussed research directly focuses on the reciprocal impact of returning to school on the family and the student, and few of these include family members in the research sample. Clearly, a better understanding of how returning students and their families reciprocally affect student attrition as well as family processses would help college counselors in planning and implementing programs appropriate to meet family system needs.

This current longitudinal, qualitative research project was designed to build on the literature and to address the above mentioned issue by exploring the experiences of returning women students and their families. The purpose of the research was to understand the complex family reactions to a re-entry woman returning to school.

Methodology

Participants were enrolled in a year-round, 22-month college/professional nursing program in which all students were immersed in a heavy load of academic and clinical classes. Course loads each semester ranged from 10 credit hours for part-time students to 17 credit hours for full-time students. This setting was selected for two major reasons. First, the intense nature of the program resulted in a more dramatic transition for the students and their families than a slower educational program. Second, because the program was completed in 22 months, longitudinal data from the beginning to the end of an educational program could be obtained over a shorter time period. Two hundred and twenty-five students were enrolled in the program, with 66 % (n = 149) over 24 years of age. Eighty percent of the students were female, and 90 % were white.

The study consisted of a series of three interviews: the first during the early weeks of school, the second approximately halfway through the program, and the third shortly after graduation. The entire family system was included in these interviews whenever possible. The initial interviews focused on anticipated changes in the family, how the family had planned to handle these pressures, and perceptions of support. The second and third interviews also included perceptions of how students and their families had changed throughout the process and whether these changes had been anticipated. Interviews were also conducted with student services personnel to obtain perceptions of support and retention patterns of re-entry students. Interviews were recorded, transcribed, and analyzed for patterns and trends.

Participants for the interviews were limited to women 24 years of age or over who were living in a family consisting of a spouse/partner and/or children. Twenty-four students were interviewed; seven in a pilot phase consisting of a single interview at the end of the program, and 17 in the three interview process. The students in the sample ranged in age from 28 to 48 with a mean age of 36.1 and a standard deviation of 5.4 years. Twenty of the women were married at the time of the first interview. Four students divorced and two remarried during the interview period. Twenty-three of the women were mothers, with family sizes ranging from one to five children (the average was 2.5). The children's ages ranged from one to 28 with 22.8% of the children in the pre-school range, 43.9% aged 5-12, 8.7% aged 13-18, and 24.6% over age 18. The participants were not racially diverse, with only two being African American. Socio-economically, subjects ranged from welfare recipients through middle class.

Results

An analysis of themes and patterns emerging from the interview data found a few universal beliefs throughout the sample. At the beginning, all students expressed doubts about being able to handle the pressures of school. Specifically, participants were concerned that they would not be able to manage their time effectively, achieve satisfactory grades and be able to support themselves financially during this program. While the students expected some change in their lives, many felt that these changes could be handled without impact on the family. Of those students anticipating family impact, some actively planned ways for the family to make adjustments in preparation for anticipated changes, whereas others felt it was better to wait and then deal with specific needs when they arose.

At the second and third interviews, all students expressed surprise at the unexpected high levels of stress from their student roles and the concomitant stress experienced within their families. Most of the students did receive verbal support from extended family or partners, although this support was often heard as conditional: "I want you to do well, as long as it doesn't make more work for me." Whereas some partners withheld verbal support until their skepticism was overcome by the student's growing success, others showed initial verbal support but did not follow through with their promises of behavioral support. Most women reported that they continued to do the majority of household chores, although with lower self-expectations of perfection, while their partners did provide added help mainly with childrearing.

Almost every participant noted the use of support from fellow students as instrumental in coping with stress. Informal groups developed based on class schedules, proximity of homes, or similarity of family situations. In some cases, this bonding with fellow students was accompanied by perceptions of decreased stress within the families; in others, bonding with students was viewed as desertion by the family and acted to increase the family stress. For example, one student described her support group which began as a study group and later evolved into close friendships. As stress increased within her family, the student chose to spend more time with these friends. When she chose to take a trip with these friends on a school break, her husband initiated divorce proceedings. In this case as well as others, the increased stress at home only reinforced the need for close student-student bonding which resulted in an escalating, recursive pattern of decreased home support along with increased closeness with fellow students, an example of the circular nature of system dynamics.

Although the student support groups were informal in nature, study participants noted that a more formalized structure would have been helpful.

For example, one student suggested all students with preschool children could meet together for mutual support and help with babysitting. Another student suggested a special support group for all married couples who had no children, indicating that her partner would be less suspicious of the time she spent studying and "letting off steam" if he could get to know other student couples.

In the final interviews, all participants identified unanticipated changes, both positive and negative, in their perceptions of themselves and their environments. Many cited changes in their understanding of women's roles, both within the workplace and within the home. One student noted:

> I let go of a lot of things that I thought I had to do as a woman, as a mother. I had to let go of responsibility for other people's emotions, their own well-being. I now do what I can to support them, to love them, but ultimately, they are responsible for their own happiness and I can't do it for them. That's new for me.

Many participants also noted that these changes had reverberated throughout their families, often creating greater than expected stress within spousal and parent-child relationships. For example, many husbands were asked to participate more in housework and childcare. Several women noted that when husbands did these activities, additional fighting and tension between father and children resulted. This then led to the women feeling guilty, trying to be peacemaker, or leaving the house more often. On a more positive side, other women noted that an increase in spouse participation resulted in greater closeness between father and children, although it sometimes resulted in the women feeling jealous or left out. Most women who experienced this increased closeness between father and children as a result of returning to school stated that this was a major benefit of the re-entry process.

Most of the women in the study stated that their marriages had grown stronger throughout the program as they had developed more open communication styles and moved toward a more egalitarian relationship. One student, noting her increased feelings of self-reliance, said:

> Now I stay with my husband because I love him and want to be with him, not because I have to have his support. I think that has had a positive effect on our relationship. I think he actually treats me better because he realizes I'm not totally dependent on him.

One husband, reflecting on the whole educational process, stated:

> I think there's been a lot of resolution created—forced on us by her going to school, learning what we value, and making it work for us. This could have

> taken a lot longer if she hadn't gone to school. . . . Synergism, that's a good word for us. We now have the ability to empower each other, to charge each other up.

A few women felt their marriages were just "on hold" while they were in school, perhaps even declining because of the decreased opportunity to interact. Most of these women planned to work hard to repair any damage after graduation. For example, one mother said:

> I guess our relationship is really on the back burner, because when I have any time, I'm in my mother role, not my wife role. So he does some pouting, some silent sadness, moping around the house, making sure I see how sad he is. After I graduate we'll have time to fix this.

Seventeen percent of the women experienced the ending of relationships. However, most of this group had anticipated eventual divorce and were using school as a way to become financially self-sufficient or to fill a void in their lives. Several chose to divorce while in school as the increased pressure in the home became intolerable. One woman, for example, began to experience physical abuse from her husband and moved out of the house with her children the next week. Another woman had not anticipated the end of her marriage and was totally shocked when her husband asked her for a divorce. When asked why the divorce was occurring, the husband cited increased emotional distance and a feeling of not knowing who his wife was anymore.

Those students who had been able to keep communication open, remain flexible in their relationships, and see concomitant growth in their partners experienced the most growth in their family relationships. One woman noted, "We've gained momentum, we're more of a team. We've all had to 'give and take,' make more joint decisions. Even our daughter has grown."

Many students had discovered ways to involve their children in their educational process including help with studying, quizzing for tests, or organizing notes. These mothers all noted positive changes in their children including increases in responsibility and independence, greater goal-orientation, and more pride in schoolwork. One mother of an eight year old son noted:

> He's getting lessons from my going to school. He is realizing that "you get out of it exactly what you put into it." He sees me come home and study all the time, and that I get A's. These are important values we're instilling.

Another mother talked about her 10 year old son: "He's much more responsible for himself, his homework, his hygiene—he's much more independent now, and he's got a lot more chores now than he used to have."

During the educational program, every re-entry student had experienced some unexpected, non-school related family problems. Those families which had developed effective stress management patterns and multiple coping mechanisms fared well, while those families which were already stressed to their limit had no reserves to deal with such problems as a lost job, wrecked car, or parental illness. For stressed families, a major life problem often was the proverbial "straw" and the student considered dropping out of school or the family began to disintegrate.

After graduation, all spousal reactions included pride in the students' success. Some partners acknowledged pervasive changes in the family from this transition, identifying both growth and stress in individual members and in different family relationships. Most of the partners acknowledged some shift in gender role expectations. Many saw these role changes as temporary, as participants noted that their husbands were expecting them to resume all housework after graduation. Only one student was eager to resume that role, and most talked about how they expected a new negotiated distribution of family responsibility. One student summarized the benefits she noticed one month after graduation: "I'm happier, the children are doing well, my marriage is stronger, we seem to be on the same track now. We just really enjoy being together, more than we did before I went back to school."

Several students made suggestions about ways in which the school could have been more helpful in their educational process. In addition to requesting on-site daycare and reduced tuition for married students, participants also said that less stress would have resulted if family members had been more involved in the educational process. Students suggested group activities for their children, social events for couples and whole families, and meetings for family members about some of the challenges of returning to school. Several students made the suggestion that couple or family therapy might have reduced the family problems they had experienced.

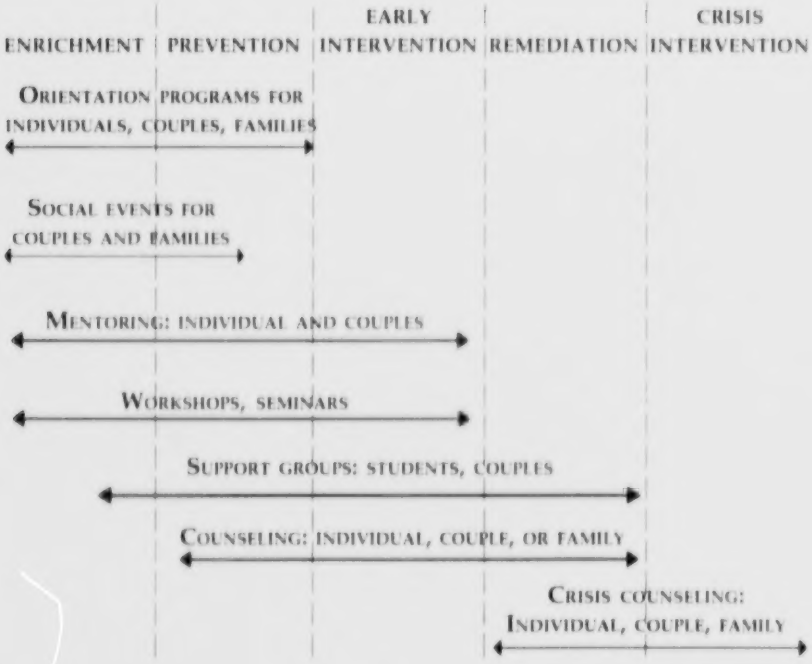
Implications for College Counselors

Before discussing the implications of this study, some limitations should be noted. The setting had characteristics different from many other college settings, such as the intensity of the 22-month program and the small size of the school. In addition, the sample was limited to self-selected volunteers and not representative of a wide range of racial, cultural, or geographic backgrounds.

As stated previously, numerous intervention programs for returning adult students have been proposed and tested (DiBona & Golter, 1983; Flynn, Vanderpool & Brown, 1989; Rice, 1991) but few directly address the systemic

issues of families. This study indicates a need for intervention programs designed specifically for returning students with a focus on the whole family system. One way to organize programs and services involves a continuum of intervention levels ranging from enrichment through crisis (Figure 1). When dealing with returning college students and their families, **enrichment** interventions provide opportunities for all interested students for personal and relationship enhancement. **Prevention** interventions are designed for at-risk students with programs aimed specifically at the problem areas. **Early intervention** programs are created for students and families who have been identified in the early stages of a problem, while **remediation** programs are focused at more entrenched or long-term problem situations. The **crisis intervention** level supports students and their families experiencing acute problems which require immediate, dramatic assistance. The chart provides a model for college counselors and indicates different programs which can be useful for various stages and levels of need.

FIGURE 1
FAMILY SYSTEM PROGRAMMING



A variety of interventions can be developed at each of the levels on the continuum, at various stages in the educational process from orientation to graduation, and with differing participants from the individual students to couples or entire families. Although examples of programs are suggested below, college counselors can create many variations for specific school settings and differing student populations. Clearly, the availability of free or reduced-cost counseling on the campus, whether for the individual student, the couple, or the whole family, would provide an additional support for returning students as they and their families struggle with the many challenges of the transition they are experiencing.

Interventions for returning students

Orientation programs make the initial phase of transition less painful and can serve functions of enrichment, prevention, or even early intervention. By developing cooperative relationships among students and counselors from the very beginning of the students' college involvement when most students are not experiencing difficulties, re-entry women can become aware of resources available for potential use later in the school process when they may be feeling some of the transition disequilibrium within the family. Strong counselor-student relationships developed during orientation increase the chance of students seeking a counselor when needs arise.

Workshops, mentoring arrangements, and various support groups can be used to maintain a balance throughout the entire educational process. These programs help students feel less isolated by recognizing that others are experiencing the same challenges. Mentoring relationships which pair a beginning re-entry student with a more advanced student combine support and socializing (Bauer & Mott, 1990; Mathiasen & Neely, 1988). This approach allows the more experienced student to share the lessons she has learned with a new student who is from a similar family situation.

A more formalized array of support groups for students would fulfill a request by some of the subjects in this study. Ideally, groups could be initiated during orientation and would persist throughout the entire educational period. Additional support groups could be set up at pivotal times or as student requests develop. For example, having ongoing support groups for students when they hit "overload" in home stress may meet a need at the prevention or early intervention levels. Additional support needs which were apparent from this study include special study and lounge areas for returning students as well as tutoring and counseling arrangements.

Interventions for couples

Workshops, mentoring arrangements and support groups are also appropriate interventions at the couples level. Workshops for couples (Emert, 1995) or just the partners during orientation can help set the stage for future programs and help partners begin to recognize the effects of the wife's return to school on the whole family. Programs which help couples view the school experience as a transient period can help them learn to recognize and cope with stressors in ways that enhance rather than detract from marital and family satisfaction (Houser, Konstam & Ham, 1990).

Couple support groups can be particularly useful if begun at the earliest stages when family systems are not yet feeling stressed out since family members may be reluctant to join a support group later when time pressure is acute. The location of group meetings can have different effects; when groups meet in student homes feelings of closeness are enhanced, and when groups meet on campus family members feel more involved in the educative process.

Mentoring programs which focus on couples rather than individuals can also be helpful to all family members involved. Starting the academic year with a social event for students and their partners can be a mechanism for making these couple-mentoring pairings, thus connecting couples and reducing feelings of isolation. Also, providing couples therapy can be extremely helpful for dyads experiencing increasing stress or new distance in their relationships.

Interventions for mothers and children

Research participants noted the lack of time spent with their children while they were in school, and concomitant attention-seeking behaviors of their children. Programs bringing children onto the campus can be beneficial both in providing structured mother-child activities and enabling the children to feel personally involved in their mother's education. Class-visition days for the children of students or special support groups for children (McLeod & Vonk, 1992) are particularly useful. Also, providing daycare for children on campus can help decrease student stress and increase a family's sense of mutual participation toward a goal.

Mothers in this study noted that specific times in the year-round academic program create added challenges for families. For example, participants experienced increased family stress during summer sessions when children were not in school. Therefore, having special events or support programs for the mothers and children during this period can be particularly useful.

Many re-entry students noted that a major benefit of returning to school was the increased responsibility, independence and academic motivation shown by their children. By involving their children in the learning process, re-entry women can model strong study skills which reinforce the value of education for their children. College counseling programs can also capitalize on this process by providing mother-child study and support groups.

Interventions for the entire family

Programs bringing entire families onto the campus allow each member to feel a greater commitment to educational goals due to personal involvement. Therefore, social events throughout the program are useful in helping family members feel that the re-entry student's education is truly a whole-family project. Certificates for spouses and children citing accomplishments in helping the student can be powerful and concrete support enhancers.

Summary

While the ideas outlined above clearly take a great deal of time, effort, coordination and resources, Hybertson et al. (1992) suggest that the "complex lives of [returning] students demand complex modes of interventions" (p. 5). College counselors who focus on the entire family rather than the individual student can help re-entry women by providing a menu of choices. A collaborative approach which involves assessing the needs of the students and their families and then developing programs and resources to meet those needs is most useful. Again, such programs take energy, time, personnel and money, but students, families, and institutions are recipients of the multiple benefits.

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> *All happy families are like one another; each unhappy family is unhappy in its own way.*
>
> –Leo Tolstoy, *Anna Karenina*

11

Systems Troubleshooting for School Counselors

Jay Cerio

School counselors are often faced with situations that pull multiple elements of the family-school system into complicated interactions related to the problem of a child. This article is intended as an introductory guide for dealing with these situations from a systems perspective. Basic concepts and strategies from the strategic and structural family therapy models are discussed.

A young woman inherited a classic automobile—a shiny red 1956 Ford Thunderbird with beautiful chrome grill, fins, and spoke wheels. One day, she had trouble starting the 'Bird, so she brought it to her neighbor-hood mechanic. He checked the battery and found nothing wrong. He checked the spark plugs. Nothing wrong. He checked the alternator. Nothing. The regulator. Nothing. Finally, he went to the woman and said, "There's nothing really wrong with any of the parts. It's a problem with the electrical system."

"Oh, the system," she replied.

This story provides a nice metaphor for a frequently occurring phenomenon in schools. When a child has a problem, the adults involved often spend so much time focusing on the child as the origin of the problem that they neglect the related systems factors that can exacerbate or facilitate resolution of the problem.

As an example, a teacher may request help from the school counselor regarding a student who is experiencing difficulties. The school counselor may then contact the child's parents and discuss the problem from the counselor's particular perspective. Meanwhile, the teacher has discussed the

problem from his or her point of view with the school principal who has an entirely different approach to dealing with the problem. The counselor, the teacher, and the principal all begin working with the child at the same time. However, they don't communicate, and in fact, may not even know that they are dealing with the same problem. The parents are provided with three different sets of advice (teacher, counselor, and principal), become confused about whom to listen to, and avoid addressing the problem. In the long run, the three professionals end up working at cross-purposes, focusing on their "parts" and failing to address problems with the interaction of these parts. Consequently, the problem is never resolved.

This article will provide some basic guidelines for addressing systems factors in school settings. Five concepts from the strategic and structural family therapy models will be described and related to school situations: world views, hierarchies, subsystems, boundaries, and triangles. Three types of troubleshooting strategies will also be discussed.

Basic Systems Concepts

A number of authors have discussed systems issues related to the school setting (Christenson, 1995; Power & Bartholomew, 1987) and advocated the application of family systems approaches in the schools (Carlson, 1987; Cerio, 1993; Conoley, 1987; Fine & Carlson, 1992). Among the most common approaches that have been discussed are the strategic (Haley, 1976; Madanes, 1981) and structural (Minuchin & Fishman, 1981) models of family therapy (Carlson, 1987; Cerio, 1993; Conoley, 1987; Power & Bartholomew, 1987). These two approaches share important elements, and their techniques are more readily teachable than other models (Cerio, 1993). Five basic constructs from these models are presented below.

World View.

Every family operates under a set of beliefs concerning its place in the world at large. This is the family's world view (Madanes, 1981). These beliefs influence family members' perceptions of situations they encounter and interactions with individuals and subsystems outside of the family.

Professionals working in the schools also have world views that influence their interactions with children, parents, colleagues, and others with whom they have contact in their work settings. These world views might include beliefs about specific families ("All those Smith kids are bad news"); beliefs about other professionals ("The principal is a 'do-nothing'"); and beliefs

about themselves or their professional roles ("Teachers should not have to deal with students' problems; that is the counselor's job"). When children experience problems in school, there is an interplay between the world views of their families, particularly the parents, and those of school personnel that can impact the resolution of the problem either positively or negatively.

Hierarchy

Both the structural and strategic models conceptualize family structure within a hierarchical framework. That is, family members assume positions on a hierarchy based on their roles and power within the family. A functional arrangement within the family requires that parents be in the executive position at the top of the hierarchy (Madanes, 1981). Problems arise within the family when a child is inappropriately allowed or invited to assume a parental role. Within the family-school system, a hierarchy in which the parents and school personnel are in co-executive positions is the most functional. Dysfunction might occur when either school personnel or parents attempt to move to a position above the other in the hierarchy, creating a competitive relationship (Power & Bartholomew, 1987).

Subsystems and Boundaries

The structural approach also conceptualizes the family in terms of subsystems (Minuchin & Fishman, 1981). A subsystem consists of one or more family members who have common roles and functions. Rules develop regarding membership within a subsystem and interactions between subsystems. These rules constitute the boundaries between subsystems. For instance, the rules for membership within the parent subsystem are that the member is an adult who has some childrearing responsibilities within the family. The function of the parent subsystem is to provide for the children's physical and emotional needs. To be a member of the child subsystem, one must be a child who requires some type of caretaking.

Difficulties arise when subsystem rules are either poorly defined, resulting in unclear boundaries, or inflexibly defined, resulting in rigid boundaries. In the former, enmeshment can occur, with a member of one subsystem inappropriately joining another subsystem. This results in the enmeshed individuals being overinvolved with and overaccommodating to one another (Becvar & Becvar, 1993). In the latter, one subsystem fails to interact or respond to the needs of another subsystem, becoming disengaged from that subsystem. Disengaged subsystems are characterized by a lack of responsive-

ness to the needs of individuals connected with the subsystems (Becvar & Becvar, 1993).

Enmeshment occurs in the family-school system when individuals from different subsystems attempt to influence the activities or responsibilities of another subsystem (e.g., a teacher instructing a parent regarding the use of a discipline technique). If this transpires without the invitation or agreement of the subsystem that is being influenced, the possibility of competition between the two subsystems increases. If it occurs at the invitation of one subsystem, as in a parent asking a teacher to take over parental discipline responsibilities with a child, the competence of the influenced subsystem (the parent) decreases.

Disengaged subsystems are manifested in school settings when individuals from one subsystem avoid or refuse to acknowledge another subsystem, such as a teacher refusing to return a phone call to a parent. Both enmeshed and disengaged subsystems tend to interfere with collaborative intervention efforts (Power & Bartholomew, 1987).

Triangles

Strategic therapists think of family interactions in terms of triangles; transactions involving three people. Each person in a triangle influences not only the person with whom they are interacting directly, but also the third person in the triangle who is not necessarily directly involved with the interaction. Conversely, the presence of the third person in the triangle might indirectly influence interactions between the other two individuals. For instance, a teacher who disagrees with an administrator about how to deal with a student complains to the counselor about the principal. By doing this, the teacher has drawn the counselor into a triangle with the teacher and the principal. Depending on how the counselor reacts to the teacher, the teacher might or might not perceive the counselor as an ally against the principal. In addition, the teacher's complaints about the principal have the potential to influence the counselor's interactions with the principal. Each member of the triangle influences and is influenced by the other members of the triangle.

The quality of the interaction (positive or negative) influences the stability of the triangle and therefore, the degree of difficulty in changing a problematic interaction to a more functional one. In the example described above, if the teacher and counselor form an alliance, the principal will be isolated and the teacher's position supported. This increases the potential for resistance from, sabotage by, or open conflict with the principal over approaches to helping the child.

In summary, there are five basic questions which must be answered from a systems perspective when a school counselor receives a referral:

1) What are the world views of the family and school personnel?

2) What are the positions of family members and school personnel in the family-school hierarchy?

3) What subsystems are involved with the problem?

4) What is the nature of the boundaries between the subsystems?

5) What triangles are in play related to the problem?

Troubleshooting strategies related to these five concepts are discussed below.

Troubleshooting Strategies

Conceptualizing a school problem in systems terms (i.e., using the above five questions) is one thing, but being able to have an impact on the problem is quite another. Therefore, some systems focused strategies are discussed below. In reviewing these strategies, it is important to keep in mind that systems approaches target not only discrete elements of a problem (such as a specific behavior) but the interactions between the elements.

Take the Path of Least Resistance

Counselors should not challenge the world views of the various subsystems. Challenging the beliefs of the people who are involved with a problem only serves to increase the potential for resistance. The systems practitioner decreases this potential by working within the world views of the different subsystems. One of the primary means of accomplishing this intervention is through reframing (Madanes, 1981).

Reframing usually refers to the relabeling of a problem or symptom to make it more solvable or more positive. In current terms, reframing is applying the technique that political "spin doctors" use for their candidates to therapeutic situations. For example, parents who are antagonistic toward the school might be encouraged to view cooperation with a teacher's suggestion as a way of showing the teacher how wrong he or she has been about the family. A teacher who is resistant to consultation and also has the world view that the principal is too lenient might be persuaded to use a behavior management program in the classroom by reframing the program as a way to show the principal the value of being strict.

As shown by the examples, it is important to clearly understand the world views of the individuals or subsystems that are being targeted whenever reframes are used. Additionally, the reframe must be plausible and supported with information obtained from the individuals who are the targets of the reframe.

Support Competence

It is the author's experience that most individuals who are connected with a child want their competence related to the child recognized. When a student has a problem, adults involved with the situation often attempt to display their competence in two ways. The first way is by forcing opinions on others involved with the child. In systems terms, this becomes both a boundary problem between subsystems, with one subsystem inappropriately trying to take over for another subsystem; and a hierarchy problem, as one member of the system attempts to move above others in the hierarchy by becoming the "expert."

The second way of inappropriately exerting competence is by taking independent action without consulting others who are involved with the child. While this results in a hierarchy problem similar to that described above, the boundary problem is more one of disengagement where the various subsystems are operating independently of, and often in conflict with, one another.

Counselors can support competence in a more functional way by acknowledging the expertise of those involved with the child (e.g., teachers, parents, administrators, and psychologists) and listening to their opinions and suggestions. This means giving them feedback that what they have to say is important and helpful. It does not mean that their suggestions need to or will be *used*. However, it is usually a good strategy to acknowledge that the information and suggestions provided were *useful*.

Interrupt Problematic Triangles

Alliances that develop as a result of conflicts among subsystems have the potential for deflecting focus from the child and neutralizing intervention efforts (Power & Bartholomew, 1987). The school setting is ripe for these types of alliances because of the multiple subsystems that exist which represent particular sets of expertise and agendas related to children. It is very easy for a member of one subsystem to seek the alliance of a member of another subsystem when disagreements arise regarding how to address a problem. Thus, if a teacher and counselor disagree about which intervention to use

with a student, either might try to convince the parents that their approach is correct and that the perspective of the other professional is wrong.

The main focus of troubleshooting techniques in this area is for counselors to detriangulate themselves from alliances (i.e., to not take sides). This forces the two individuals or subsystems that are in conflict to deal directly with one another, and it keeps the focus of others in the family-school system on the child.

One simple technique for neutralizing triangles is to have everyone involved with the child meet together. This forces competing members of the system to interact and allows others in the system to hear all perspectives first hand. A second tactic is to remain completely neutral in interactions with any individuals involved with the problem. This requires that counselors divorce themselves from their own judgments regarding the appropriateness of particular perspectives, and listen without agreeing or disagreeing with those perspectives. It also might mean that one ground rule for working with the child is that all information about the child, whether obtained through individual or group interaction, is shared with everyone who is connected with the child. In other words, no secrets will be kept.

Finally, there are situations in which a member of one subsystem is persistently attempting to draw a counselor into an alliance against another subsystem (e.g., a parent who dislikes the principal). In this case, the counselor might actually push the allying individual toward the unattractive subsystem by suggesting an alternative that is so unappealing that it makes the perspective of the other subsystem look reasonable. One strategy for accomplishing this is "prescribing the symptom", and directing the target individual to continue to engage in an ineffective behavior. In the above example, the counselor might tell the parent to not change how he or she is handling a problem, even though the parent's approach is ineffective and the parent is frustrated. One purpose of this intervention is to get the parent to reject the counselor's absurd advice and make the counselor less attractive as an ally. This neutralizes the counselor in the parent-principal-counselor triangle, and makes the principal more attractive as an ally because the principal is at least suggesting that the parent do something different.

Implications for School Counselors

While commentators in the school counseling and school psychology fields have recently promoted the use of family counseling in the schools (Carlson, 1987; Conoley, 1987; Widerman & Widerman, 1995), certain factors make the widespread use of this approach unlikely. First, most school

counselors and school psychologists do not have the intensive training in family counseling that is required to use this approach independently (Cerio, 1995). Second, the multiple role and time demands on school personnel make it difficult to schedule time for a large number of family sessions. Third, many school boards and individual administrators view family counseling as something that should be provided by agencies that are not connected with schools.

However, school counselors can make use of systems concepts in their work. The intent of this article was to provide school counselors with ideas for using family systems approaches outside of the formal family counseling context. Basic systems concepts and strategies were discussed that should allow counselors to troubleshoot with "parts" of the family-school system and the interactions between those parts that impact a child. Thus, counselors will be able to address systems factors that might inhibit or enhance interventions with the child without having to engage in family counseling per se. Hopefully, this will add another tool to counselors' resources for providing effective services to children.

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“The family is one of nature’s masterpieces.”

–George Santayana,
The Life of Reason

51

IMPACT: A Systems Approach to Coordinating Services for Children with Emotional Disabilities

Donald R. Nims

This article presents a systems approach for service coordination to children and adolescents with emotional disabilities. Created by legislative action, the Interagency Mobilization and Planning of Adolescent and Children's Treatment (IMPACT) mandates collaboration among the core agencies of mental health, social services, the courts, education, health, and includes the child's parents as equal partners in the process. Preliminary data is presented and a case example is provided.

Epidemiologic data indicates that between 9.5 million and 63 million children and youth in the United States suffer from problems that warrant mental health treatment (Tuma, 1989). However, the majority of those children receive inadequate or inappropriate treatment (Duchnowski & Friedman, 1990; Saxe, Cross & Silberman, 1988). Schmitz and Gilchrist (1991) suggest that health care agencies as they currently exist have a negative impact on the delivery of mental health services to children because the majority of programs are still focused on restrictive and costly residential treatment and psychiatric inpatient facilities.

In response to the concerns about the quality and cost of children's services, the National Institute of Mental Health (NIMH) established the Child and Adolescent Service System Program (CASSP) in 1983 (Day & Roberts, 1991). The primary function of CASSP is to find alternatives to out-of-home psychiatric and residential care by promoting both philosophical and strategic changes in the systems that serve this population (Collins & Collins, 1994). Day and Roberts (1991) report, however, that:

> One notable failure of the federal CASSP initiative has been a failure to meet the original goal of moving from the state to the local level in making an impact on the availability, coordination, and delivery of mental health services to children and adolescents with emotional disturbances and their families (p.347).

The systems approach described in this article is designed to address that failure.

Program Background

In 1990, the Kentucky Department for Mental Health and Mental Retardation Services (DMHMRS) estimated that there were approximately 50,000 children in the state with severe emotional problems. Of that number, only 2,000 were actually receiving mental health services (Illbach, 1993).

Adapting the CASSP model, Kentucky legislature created the Cabinet for Human Resources' Plan to Service Children with Severe Emotional Problems, (1990). Known as Interagency Mobilization and Planning for Adolescent and Children's Treatment (IMPACT) this plan established the State Interagency Council (SIAC) which includes representatives from the Department of Education, Cabinet for Human Resources, Administrative Office of the Court, Department of Health, and a Parent Advocate. Each of the 14 area development regions in the state have a Regional Interagency Council (RIAC). At the local level, RIAC oversees the core services which are part of IMPACT: (a) interagency treatment team planning; (b) case management services; and (c) discretionary funds which are utilized by RIAC to address the individual needs of children served under the plan.

Theoretical Framework

The IMPACT program's philosophy of interaction is grounded in Bowen's (1986) theory of how family systems operate within the social system. Bowen (1986) describes the extension of the family emotional process in the larger social systems. He stated, "the emotional system governs the 'dance of life' in all living things," (Bowen, 1986, p. 305). "With this concept, Bowen extended the principles of emotional dynamics of the family to hypothesize that the same process. . . can be seen in the larger society" (Becvar & Becvar, 1993, p.151). According to Kerr and Bowen (1988) the greater the level of anxiety in a system, in this case the local service delivery system struggling to deal with the emotionally disturbed child, the lower the level of differentiation within the system. Differentiation is defined as "the ability to be in emotional contact with others yet still autonomous in one's emotional functioning" (Kerr & Bowen, 1988, p. 145). The intensity surrounding the involvement with emo-

tionally disturbed children tends to generate high anxiety and frustration, which inhibits this emotional functioning. Through effective communication, collaboration and understanding, individuals within the service team become less anxious and more confident in themselves and in each other, symptoms tend to decrease and the system becomes inherently more emotionally differentiated and thus better able to function effectively. IMPACT is designed to address and capitalize on this phenomenological process.

Program Description

According to the Kentucky Cabinet for Human Resources (1990), a child experiencing substantial limitations in the areas of self care, interpersonal relationships, family life, self direction and education and is at risk of being placed outside of the community is eligible for nomination to IMPACT. Any professional serving the child such as a social worker, teacher, counselor, or the child's parent may make this nomination. Once a child is accepted into the program by the RIAC the intent is to intervene at the systems level of care. This is done through interagency treatment team planning, the proactive process of communication and collaboration among the various elements of the service delivery system. The service coordinator, or children's case manager, is the key focal person who acts as the facilitator of this process. The interagency service team consists of social workers, teachers, counselors, parents, and the "identified" children and adolescents. This team is viewed as a unique emotional system analogous to a family.

IMPACT obtains permission from parents or guardians for the service coordinator to gather and share assessment information from all schools or agencies providing care and support to the child and family. Once the assessment is completed, the service coordinator assembles the members of the service team (which includes the parents and child). At this interagency meeting, concrete, measurable and time specific goals are established for each issue. It is vital that goals are mutually understood and accepted. Specific strategies are discussed for accomplishing these goals (e.g., modifying behaviors, arranging necessary transportation, or accessing other available resources). All members of the team, including the child, are assigned specific tasks. This reinforces mutual investment in the progress of the child by clearly defining each person's responsibilities (Lewis, 1990).

The parent is respected as the primary caregiver and decision maker within the family system, thus supporting Keith and Whitaker's (1982) notion that in healthy families there is a sense that everyone is included. This process of family empowerment enables families to view themselves as part of the solution to the child's problems rather than the cause of these problems.

Planning is ongoing and meetings are scheduled whenever there is a change in the service delivery. Defined tasks, including those involving clinical outpatient services, educational strategies, respite and other necessary interventions are then put into action. Discretionary funds are used for the purpose of maximizing strengths such as in art or athletics by supplying equipment and fees. In addition, these funds can provide a big brother or big sister to act as a mentor for the child.

The interagency service team typically meets monthly to monitor, reassess, and establish new goals consistent with observed progress. Any obstacle in the process is viewed as a challenge rather than a problem. When something, such as a behavior modification plan, appears not to work as expected, the object is to explore what is maintaining the problem, reframe the experience and plan again.

Progress in IMPACT is based upon objective measures. The Child Behavior Check List (Achenbach, 1991a), Teacher Reporting Form (Achenbach, 1991b) and assessment instruments based on Dunst, Trivette and Deal's (1988) work are used before intervention begins and at three and six month intervals. The service coordinator eventually steps out of the process when the parent and child are able to coordinate their own services.

Case Study

Jason, an eleven year old bi-racial male, was nominated to IMPACT by his therapist at the children's counseling center. Jason was serving a ten day school suspension for insubordination to his teacher and for aggressive behavior with his peers. According to his therapist, Jason's mother had a history of non-compliance with treatment and had only just returned to the clinic because of the crisis at school. Jason's mother was unemployed, and had a history of physical and emotional problems. Jason was hospitalized for a short time because of depression and the possibility existed that further hospitalization might become necessary. Frustration and anxiety within the current delivery system was extremely high. IMPACT was perceived as a possible alternative to removal from the home and as an opportunity to try a different approach to helping Jason and his family.

The service coordinator assigned to Jason and his family first met with them in their home as part of the assessment. The purpose of this meeting was to establish a family-friendly atmosphere that was objective and nonjudgemental. The service coordinator then met individually with all potential members of the service team including the therapist, teacher, and social worker to assess the level of emotional intensity towards Jason. A more formal meeting was then scheduled for all the participants. Jason's mother

was encouraged to have a friend or other family member attend this meeting, and Jason was also asked to be present.

The initial strategy was to identify Jason's strengths. Jason enjoyed art and athletics. He also liked to please people and appeared to respond to positive encouragement. The plan was to capitalize on these specific strengths, thus establishing more positive sequences of interaction within the system. Issues were discussed such as Jason's behavioral difficulties and the family's noncompliance with outpatient mental health treatment. Jason's mother reported that she tended to get frustrated very easily because she felt that everyone was accusing her of being a bad mother and of not loving her son. Team members acknowledged her frustrations and reinforced her participation. This contributed to an increase in her level of emotional functioning.

Discussion with the teacher and school counselor revealed the issue of academic failure. Additional educational testing identified specific learning difficulties that contributed to Jason's disruptive behavior, effecting his level of emotional functioning and exacerbating the difficulties he had relating to his teachers and peers. Strengths and issues were transposed into time specific goals requiring the mutual collaboration of all members of the team. These goals included a daily homework check by Jason's mother, weekly contact with teachers, arranging transportation to clinic appointments, and scheduling for Jason's afterschool activities. All members acknowledged their accountability by signing the planning document. IMPACT also provided a big brother who worked individually with Jason afterschool, particularly on athletic skills.

A follow-up meeting was scheduled for 30 days in order to monitor progress. The service coordinator made weekly contact in person or by telephone with all members of the team. Extra contact was made with Jason's mother in order to further her self-confidence and to decrease defensiveness. The service coordinator continued to be a focal point for information and a conduit of effective communication among team members.

Approximately 12 months after nomination, Jason's mother requested the opportunity to represent herself in meetings, a sign of her empowerment in the process. Jason's aggressive behaviors had improved. The decrease in anxiety among the team members resulted in a positive emotional shift in the service delivery system. As the system became more differentiated, the whole atmosphere surrounding Jason became more emotionally functional.

Jason became more integrated into existing school activities and it became appropriate for his big brother to decrease contact. The decision was made by the team to discontinue IMPACT services at the close of the school year. The service coordinator maintained limited contact for the next three to six

months at which time a final assessment was completed. A six month follow-up by the service coordinator confirmed that Jason's behavior had stabilized both at home and at school. The collaboration among Jason's mother and the school and community service providers continued on a regular basis. The systemic change in the delivery of services to Jason appeared to be stable.

Program Evaluation

Preliminary data regarding the program are positive. Utilizing the behavioral instruments (Achenbach, 1991a, 1991b) and social surveys (Dunst, Trivette & Deal, 1988), a total of 639 parents, teachers, and service coordinators, were asked to rate a child or adolescent participant's progress along such dimensions as: (1) behavioral self-control, (2) emotional adjustment, (3) relationship skills, (4) educational achievement, and (5) school adjustment. Respondents reported highly favorable results (Illbach, 1993). On a scale of one (much worse) to five (much better), 75% of respondents gave improvement ratings of at least a four in each of the five areas to children who had completed one year in the program. The success of IMPACT was also reflected in its cost effectiveness. Illbach (1993) reported that the cost of mental health services for children in IMPACT decreased by approximately $4,200 per child per year. There was also a 40% decrease of psychiatric hospitalization for children in IMPACT during its first year of operation compared to emotionally disturbed children not in IMPACT (Illbach, 1993).

It should be noted that one limitation to the above results is that there was no control group with which to compare IMPACT during the year of operation under study. Also, further research is needed to determine if satisfactory progress can be made in a shorter time thereby enabling more children to be served.

Implications for Counselors

The traditional approach of labeling children as emotionally disturbed and reacting to their individual etiology can be ineffective when it fails to address underlying family and interagency systemic issues. A program such as IMPACT can promote individual change, assess both individuals and their environments, and engage in efforts to effect change in both personal and systemic variables (Collins & Collins, 1994). Collins and Collins (1994) state further:

> The mental health professionals best equipped to respond to emotionally disturbed children and their families in proactive, empowering ways are those who focus on individual and family developmental tasks and transitions, who

> are concerned with context and with the effects of environmental stressors and supports, and who are able to assume dual responsibilities both as individual helpers and counselors and as system change agents (p.242).

IMPACT enables the service coordinator to blend the roles of case manager and counselor into an innovative approach designed to intervene at a systems level in the service to children and adolescents with emotional disabilities. This approach addresses a significant treatment need with a cost effective procedure that can be replicated locally without legislative mandate. It relies not upon the increase of resources but rather the use of interagency collaboration and interpersonal communication to more effectively utilize existing resources. Thus, the counselor is provided with an opportunity to effect both short term symptom reduction and long term positive systemic change.

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> *"Accidents will occur in the best-regulated families."*
>
> –Charles Dickens, *David Copperfield*

Intervention Strategies for Collaborative Work with Clients Involved with Multiple Agencies and Institutions: A Problem-Defining Systems Approach

Vicky Primer
William F. Northey, Jr.

The current focus on community care has emphasized the collaboration of client and professional systems in ways previously unanticipated. In this article, the principle features involved in implementing a systemic approach to working with multiple systems in a collaborative treatment situation are identified. Utilizing the concepts of "problem-defining" and "problem-dissolving" systems, ideas are presented for integrating varying viewpoints from previously independent systems into a creative, independent treatment system.

General Systems Theory, as proposed by Ludwig von Bertalanffy (1968, 1975, 1981), was envisioned to be a unifying theory for all science. Whereas the theory never achieved its original goal of unification, it proved to be a very powerful metaphor for mental health professionals and was adopted, and adapted, by numerous disciplines to describe the complex phenomenon of human beings, families, and other social systems.

Theoreticians, researchers, and clinicians found concepts of systems theory such as boundaries, equifinality, hierarchy, feedback loops, and the like, to be applicable in describing complex problems such as schizophrenia (Bateson, 1972; Bodin, 1981; Kerr & Bowen, 1988; Palazzoli, Boscolo, Cecchin, & Prata, 1978); eating disorders (Palazzoli, Boscolo, Cecchin, & Prata, 1978); delinquency and problems of adolescence (Aponte & VanDeusen, 1981; Haley, 1980; Minuchin, 1974); and alcoholism (Bateson, 1972; Elkin, 1984; Steinglass,

Bennett, Wolin, & Reiss, 1987). While systems theory is used predominantly in working with families, its applicability to other systems (e.g., individuals, couples, groups, institutions) has great potential given that one can make distinctions between systems and subsystems at various levels. For example, an individual can be viewed as a subsystem of a family, a family can be viewed as a subsystem of an extended family, an extended family can be viewed as a subsystem of a community, *ad infinitum*.

For purposes of this article, the interactions of various systems and subsystems will be addressed when working with individuals and clients involved with numerous "larger systems" (e.g., schools, social service agencies, court systems). The tenants of constructivism, an approach that presumes all perspectives are of worth and equally valued, will be utilized to give counselors increased flexibility and options when working with difficult, multisystem families.

Problem-Defining Systems

When clients are involved with numerous informal helpers (e.g., family and friends) and helping professionals, there can be a tendency for all involved to view helpers and clients as separate and distinct entities. This presumption often leads to an artificial segregation between these parties and concomitant beliefs about each system which may or may not be accurate. As such, the idea that helping professionals are unsympathetic to issues beyond their own interests may become the myth around which a majority of the interactions revolve. Furthermore, there may be a tendency, due to the bureaucratic and hierarchical nature of schools, child welfare agencies, juvenile justice, and mental health agencies to perceive other institutions as inflexible, unmanageable, and demanding. It may then appear that it is impossible to coordinate all of the parties involved. When working within systems where many presuppositions are operating, counselors may find themselves unfocused or "stuck", with numerous definitions and attitudes about the problem confusing the intervention process.

Recent literature within the constructivist movement (e.g., Anderson & Goolishan, 1988; Byrne & McCarthy, 1988; Goolishan & Winderman, 1988; Hoffman, 1988) presents one approach to assist the counselor in coordinating multiple agencies and institutions through the emergence of the concept of a "problem-defining system". In a problem-defining system, the problem is the impetus for the creation of the system which involves any number of people, or groups of people, that are involved with or invested in a problem. An underlying philosophy of this approach is that systems do not make problems; communicating about problems makes systems. Therefore, when there is more than one system involved with a client, the new treatment system is

defined independently as a unique entity, separate from any of the systems or institutions involved (Goolishan & Winderman, 1988).

A clinical example of a problem defining system is the following: A single father of two boys, ages 11 and 14, presents at a mental health clinic by order of the child welfare system. The father states that the younger son has been removed from the home and placed in foster care due to a complaint of inappropriate discipline. The foster parent is attached to the boy and is willing to keep him indefinitely. The older son, on probation for aggressive behavior at school, is at risk of removal from the home due to truancy and curfew violations. The father believes that the school would rather expel this son than make efforts to help. A family preservation social worker from the child welfare agency, invested in modeling nurturing parenting behaviors by telling stories about her parenting experiences, has recently been assigned to the family in an effort to modify the father's discipline methods. A caseworker, also from the child welfare agency, has given the father three months to meet the terms of the case plan that the judge has ordered, and is in conflict with the juvenile probation officer's views on what is needed for the family. While the probation officer is supportive of the father and sees the son as needing to take responsibility for his actions, the caseworker is focused on the family system and wants to work with the entire family. Placing the majority of the burden on the father to change his behaviors, the judge has made it clear that he sees the father as the primary contributor to the family problems.

The treatment system, as defined above, is made up of those who are actively participating in the case, including the father, the sons, the foster parent, the caseworker, the family preservation worker, the probation officer, the school personnel, the judge, and the counselor. While most of the members of the problem-defining system may be involved in other systems that are hierarchical in nature, the problem-defining system is ideally collaborative, rather than hierarchical (Anderson, 1991). This means that all of the members should have an equal voice, although their perceptions and definitions will likely be diverse. The goal is to allow all views to come forth. The importance of differing views rests on the constructivist belief that problems are defined by participants and resolutions are dependent on new views arising during conversations about the problem. In turn, new ways of defining the problem emerge as ideas, hypotheses, and beliefs about the problem are discussed.

While any member of the treatment system can assume responsibility for implementing a problem defining approach, there are distinct advantages to the counselor initiating this system. The counselor is in the position of appearing objective by being new to the case and can logically request information from all parties. In addition, the counselor may be less restricted by legal and bureaucratic mandates.

Creating Problem-Defining Systems

In order for a problem-defining collaborative exchange to occur, the therapeutic context must be "psychologically safe" for everyone involved (Goolishan & Winderman, 1988). Psychological safety is defined as allowing room for all perspectives and affirming the creativity of the individuals in bringing forth new ideas about the definition of the problem (Kenny & Gardner, 1988). The therapeutic task for the counselor is to search for the "rightness" of all that is said, with "rightness" meaning that all views are contributing to the evolving view of the problem-defining system. Creation of this psychological safety involves the recognition that all the participants in this new system bring with them meanings from their previous functioning in other systems and contexts. Further, respect and appreciation for the guiding values, responsibilities, and constraints of these systems are important if cooperative dialogue is to transpire.

One key to effective collaboration is to understand the initial experience of the problem through the eyes of each participant (DeChillo, 1993). It is important for the counselor to acknowledge the diversity of beliefs that are brought to this new system; beliefs that are based on learned assumptions, allegiances and loyalties. Spaniol, Zipple and Lockwood (1992) point out that parallel processes (i.e. clients and professionals experiencing similar cognitive and emotional responses) are common in problem-defining systems. Often, there are feelings of helplessness, anger, despair, and anxiety as members of the system face numerous and seemingly insurmountable difficulties. Due to the lack of solid data available as to what is causative, and therefore what can effectuate successful resolution, there is an uncertainty present that, for the practitioner, can lead to emotional experiences similar to those of the client.

When faced with complex problems, there is a natural response to find a scapegoat. Since multisystem involvement is usually indicative of complex, demanding problems which are not easily resolved, resulting feelings of inadequacy and frustration can lead to blaming behaviors. For helpers, this can result in a focus on family pathology since professionals are frequently taught to view families as the cause and the perpetuating force of client problems. A recent study by the National Alliance for the Mentally Ill (1991) found that 53% of the training programs surveyed still taught the theory of family causation, in which client symptoms are viewed as promoted by the family in order to maintain dysfunctional homeostatic patterns. Therefore, helpers may bring to the problem-defining process the theoretical history of their training, often embedded in a "language of judgment" (Hatfield, 1986). Blaming, however, can go beyond focus on the client system. As participants in the treatment system are challenged with multiple views of difficult issues

that may be contrary to the edicts of their professional system, blaming and pathologizing of other professional systems may occur as well.

One way to avoid blame in a problem-defining system is to take a strength based stance; assessing the positive aspects of each system member. Viewing each individual and system that enters into the treatment process as adding an area of expertise related to the problem at hand is essential. In particular, it is important to note that the client brings expertise to the system that has been obtained through living and working with difficulties.

The construct of complimentary (DeChillo, 1993) states that when divergent views and opinions are valued and utilized, a more complete picture can be formed. Dechillo (1993) stresses that a complimentary approach allows a crucial element of effective collaboration; shared responsibility and power. This is important because each participating system has access to different resources, information, and experiences with the presenting problems that will allow for a more thorough understanding of the situation at hand, therefore broadening the potential for effective problem resolution. In the previously described example, the counselor can share information from the psychodynamic perspective, the juvenile probation officer from the social control perspective, the child welfare worker from the family and child protection perspective, and the father from the perspective of being an overwhelmed single parent.

Recognition of the contributions brought by each participant to the problem-defining process is only one aspect of a psychologically safe environment. It is also important to allow for the "unsaid" or "not-yet-said" (Anderson & Goolishan, 1988). This means that participants are encouraged to explore and develop new ways of defining the system, resulting in a "problem dis-solving system" (Anderson & Goolishan, 1988). A problem dis-solving system occurs when participants change the definition of the problem, resulting in the creation of a new system.

The most basic example of a problem dis-solving intervention is a reframe. In reframing, the counselor offers an alternative explanation for a client's behavior. For instance, an acting out adolescent can be viewed as distracting from problems elsewhere in the family, helping to keep the parents together, or taking the focus off of a family member who may not be as strong as the teenager. It really does not matter what the reframe is or who develops it. What does matter is that the client accepts it and, in doing so, starts to converse and act differently (Anderson & Goolishan, 1988).

In the case example presented earlier, reframing may be used to create a more positive picture of the family. The father can be portrayed as a concerned parent who is willing to comply with court orders. The children can

be viewed as having the ability to inspire concern from professionals, thereby indicating that each child possesses positive qualities. Building on these reframes, the father can be viewed as positively motivated but at a loss as to how best to discipline his boys, thus allowing for support of the views of the judge, the child welfare worker, the family preservation worker and the father. The older son's behaviors can be reinterpreted as both an attempt to elicit more effective involvement by his father in a parent role, and refusal to let others be more successful at controlling his behaviors. The son's behavior can be seen as well motivated but creating additional difficulties, thus supporting the perspectives of the father, son, school, and the probation officer. Further, the father can be credited with contributing to the qualities in his younger son that have allowed the foster parents to become so attached to him.

Such blending of viewpoints allows for the recognition of common ground, a redefinition of the situation, and a potential for forging working relationships between the father, son, school, judge, child welfare worker, foster parents, family preservation worker, and probation officer. The original problem definitions have been dissolved and a new, collective redefinition of the situation has occurred.

One obstacle in dis-solving a problem-defining system is "understanding too quickly" or thinking that one understands another's perspective completely. Professionals may quickly categorize a problem based on past experience without fully hearing the circumstances and unique aspects of the current situation. When this happens, the process is likely to be restricted, options constrained (Amundson, Steward, & Valentine, 1993), and reframes blocked (Anderson & Goolishan, 1988). Therefore, it is imperative that the professionals involved keep an open mind and allow all family members to have their perspectives heard and valued (Haley, 1987; White & Epston, 1990).

Being open to each perspective becomes vitally important if trust is to develop and new definitions of the problem are to emerge. In gathering participants' viewpoints, the counselor may need to structure meetings so that each person can be heard without interruption. In our clinical example, problem-defining meeting agendas allow for specific times that the father, sons, foster parents, caseworker, family preservation worker, probation officer, school personnel and judge can present each perspective without judgment. The counselor may need to take an active role in preventing disparaging remarks and in reassuring participants that each will have an opportunity to share their expertise on the presenting problem.

It should be recognized that implementing a problem defining approach may create tension among participants. This is due, in part, to the tendency

to confuse inference with fact; creating "truths" or "myths" that influence each member (Hatfield, 1986; Madanes, 1990).

Confusing inference with fact is also related to the concept that no two people who experience the same situation will assess or define that situation in the same way (Feixas, 1990). A number of studies have verified that professional views of needs and coping abilities of clients differ significantly from clients' self perceptions (Hatfield, Fierstein & Johnson, 1982; Spaniol & Zipple, 1988). Further support for this supposition is provided by DeChillo (1993), who reported that clients did not rate professionals as highly as professionals rated themselves in influencing the resolution of a problem. Professionals, on the other hand, did not rate families as high as families rated themselves on the same variable. With these varying perceptions, it seems risky for anyone involved in a problem-defining system to assume that their inferences are the "right" ones.

Another aspect of confusing inference with fact is the use of professional language in problem-defining systems. In an attempt to regulate the perceptions of others, professionals may use technical or idiosyncratic language that seeks to control the treatment process (Hatfield, 1986). This professional language takes away from the understanding of other system members, limits discussion to like-minded participants, and prevents input from those who do not comprehend the words that are used. Therefore, an awareness of the discrepancies in language is vital if systems are to work together. The therapeutic task may be to clarify meaning and to develop a consensual way of speaking and understanding for all involved.

A related task to the development of consensus is to encourage as much communication as possible. One of the variables that has been related to maximizing communication among systems is the number of meetings that take place within the treatment system (DeChillo, 1993). While frequent meetings are useful, it is not necessary for all members of the problem-defining system to be present. However, there must be room for all perspectives even if members are absent.

As an example, Anderson (1991) described a difficult case in a school system. She had the school psychologist gather the various school personnel who had been involved in some way with the student or her family. At the initial meeting, twelve of the school staff were present. The consultant divided the staff into groups of four and asked one person to act as if he or she were a family member. The leader then asked the remaining members of each group to brain-storm about the client and her family. Afterwards, the group members who were acting as family members were asked to share their reaction to "being talked about". This role play helped all involved to

understand more clearly the family's experience of being talked about by a group of professionals.

The subsequent discussion led to more questions, and eventually the group began to change their view of the situation from a huge intractable problem to a smaller and more manageable problem. "Hopelessness turned into gentle excitement" (Anderson, 1991, p. 183). That is, the participants were encouraged and motivated by their ability to identify new directions and options for working with this family. The consultant's goal, rather than to "fix" the problem or to arrive at a more accurate description of the client, was to create a context in which new ideas, questions, and conversations emerged.

Summary

This article described the principle features of utilizing systemic problem-defining and problem dis-solving approaches to working with clients involved with multiple systems in a collaborative treatment situation. Much of the literature today addresses systems theory from the perspective of counselor/client collaboration, yet rarely acknowledges the systemic interplay between the professionals involved with the client. It seems vital to recognize the interactions between the various helpers connected with a client experiencing multiple difficulties, as each brings a different view of the problems and each exerts a "claim" to the client. DeChillo's (1993) finding that more collaboration between professionals and clients can result in greater involvement in the development and implementation of the treatment plan, which in turn is related to how well the client is functioning post-discharge, lends credence to the importance of multi-systemic confederation.

While a co-operative effort between helping systems can be beneficial to the client, there are potentially numerous barriers that can arise. These barriers can be avoided through the utilization of systems thinking. System mandates and values, theoretical training, multiple languages which can inhibit communication and trust, and parallel processes which can result in blaming behaviors are likely to arise as diverse professionals come together. The development of a problem-defining system, allows the counselor to approach the problem in a systemic manner. Recognition and understanding of the organization of pre-existing systems which enter into the problem-defining system are important in the creation of a new organization around the problem. Appropriation of the skills and viewpoints of each system entering the treatment system can create the necessary "psychological safety" to allow a synthesis of these talents, thereby increasing the possibility that the system can then dissolve effectively.

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Undifferentiated Grief: A Systemic Perspective for Understanding and Treating Complicated Grief in Families

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The death of a loved one can significantly affect a family's functioning. Successful adjustment to this loss can be conceptualized as depending upon the family's level of differentiation, a construct based upon the family systems work of Murray Bowen. Families with a healthy degree of differentiation have a greater ability to experience uncomplicated or differentiated grief. Families who are poorly differentiated are likely to suffer complicated or undifferentiated grief. This article explains differentiation and shows how counselors can use the therapeutic technique of reframing to help family members avoid undifferentiated grief when a loved one dies.

Among the milestones of a family's development, the death of one of its members can be the most challenging and, if the system does not have the necessary resources to cope, the most traumatic (Walsh & McGoldrick, 1991). When a family confronts the reality of the loss of one of its members, each of the survivors must experience the loss and respond to the system's need for reorganization (Walsh & McGoldrick, 1991). Based on the pioneering work of Bowen in understanding how a family functions, the successful outcome of these two tasks outlined by Walsh and McGoldrick may depend on the family's degree of differentiation (Bowen, 1985). According to Bowen (1985), differentiation is defined as the degree of emotional separateness that exists in family relationships. Differentiation determines an individual's sense of identity; a healthy sense of separation from other members of the family establishes each individual's ego boundaries without compromising the health of the family relationship. A poorly differentiated family is characterized by anxiety, reactivity, and a compelling pressure for togetherness that

diminishes the ability of individuals to think or feel for themselves (Kerr, 1988).

Family counseling can facilitate the differentiation process during bereavement by using the therapeutic technique of reframing to help the family shift their focus from the death itself to the tasks of mourning the loss and adjusting to the new family structure (LaClave & Brack, 1989). This technique can help the family by recasting, or reframing, an event in a new or different light, so that the loss emphasizes the value of the deceased family member's life rather than focusing exclusively on the tragedy of death. Reframing is designed to help the family cope with death by emphasizing the value of the life that the person lived. This refocusing facilitates grieving by helping family members accept the pain of loss while affirming the positive quality of the life-long relationship with the deceased.

Before exploring reframing in greater depth, it is important to understand why the death of a family member creates a family crisis. This article will first explore the glue that holds families together, attachment. An understanding of attachment better prepares a counselor to understand why loss can be so traumatic.

Attachment and the Trauma of Loss

Bowlby's seminal work in the dynamics of attachment and loss provide the framework for understanding the trauma of the death of a loved one. Bowlby (1982) defines attachment as the development and maintenance of "affectional bonds," namely, a bond that produces feelings of safety and security. According to Bowlby (1980), an affectional bond exists "initially between child and parent and later between adult and adult" (p. 39). These affectional bonds are present throughout the life cycle. Expanding on Bowlby's conceptualization, one can say that a family contains a strong network of affectional bonds that creates a sense of security. Therefore, a healthy family is characterized by the security of these affectional bonds which allows family members to experience both intimacy and individuality. In less differentiated families, the bonds of security are not strong enough to allow family members to be both intimate and separate. Consequently, they experience one to the exclusion of the other. From the outside, they either seem too close or too distant to one another (Bowen, 1985).

The level of differentiation can play a part in how well family members work through the death of a loved one. A well-differentiated family will be better equipped to handle the loss without employing unhealthy coping skills. Therefore, a differentiated family's grief experience is likely to be uncomplicated; grief that is characterized by relatively typical grief reactions

(Worden, 1991). Conversely, a poorly differentiated family will be less able to cope with the additional stress of the loss and more likely to employ maladaptive coping skills. This family's grief experience is likely to be complicated, manifesting itself in reactions considered abnormal or pathological (Worden, 1991). Strong parallels may be drawn between the characteristics of a poorly differentiated family and the symptoms associated with complicated grief. A brief discussion of the characteristics of complicated grief follows.

Undifferentiated Grief and Families

Characteristics of complicated grief include the notion of inhibited or repressed grieving, abbreviated grieving, the presence of somatic complaints in lieu of grieving, and the notion of prolonged or excessive grieving (Bowlby, 1980; Rando, 1984; Worden, 1991). In addition, a major characteristic of complicated grief can be anxiety (Switzer, 1978). The anxiety of grief can be conceptualized as both recapitulating the earliest fears of separation (Mahler, 1986; Switzer, 1978), and confronting the reality of loss (Rando, 1984). Anxiety about separation can be seen as a key factor in a family's level of differentiation; the greater the chronic anxiety, the poorer the degree of differentiation. When an already anxiety-laden family experiences the additional anxiety of grief, the grief experience is likely to be complicated. Paralleling the concepts of differentiation and undifferentiation, a distinction can be made between differentiated grief and undifferentiated grief. Differentiated grief is the experience a family has when the level of differentiation is relatively high. Conversely, undifferentiated grief is the experience a family has when their level of differentiation is relatively low. The symptoms associated with complicated grief reactions in individuals are strikingly similar to the characteristics associated with undifferentiated families. Inhibited grief reactions described by Worden (1991) and Rando (1984) approximate Bowen's emotional cut-off (1985), which is an unsuccessful attempt at resolving unresolved issues with the family of origin through "separation, isolation, withdrawal, running away, or denying the importance of the parental family" (p. 382). Families manifesting inhibited undifferentiated grief are likely to be perceived as grieving too little. Conversely, chronic grief reactions as described by Worden (1991) and Rando (1984) approximate the behavior of an individual who has failed to differentiate his or her own boundaries from the family boundary. Families manifesting chronic undifferentiated grief are likely to be perceived as grieving too much or for too long.

Treating Undifferentiated Grief

In addressing the presence of undifferentiated grief, the counselor can confront the meanings attached to the family's current and maladaptive ways

of coping so as to encourage the development of new and successful ways of coping (LaClave & Brack, 1989). To do this, the counselor can employ the therapeutic technique of reframing to encourage new coping strategies. Reframing involves the shift from an emphasis on the product to the process (Waltzlawick, Weakland, & Fisch, 1974). In other words, the counselor reframes the death from a perceived immutable and tragic loss to an opportunity to complete unfinished business, to say good-bye, to preserve important memories, and to move the deceased from the family's present into the past. In doing so, the counselor moves the family away from the destructiveness of the loss to the rebuilding of the family.

Bowen (1985) provides a poignant example of preventing the onset of undifferentiated grief. He presents a case in which he assisted a young family whose mother died suddenly of a heart attack. Believing that typical funeral customs perpetuate "unresolved emotional attachments" (p. 332), Bowen encouraged the father to involve his children in the funeral ritual. The father arranged for himself and his children to visit their mother's body in the casket the day before the funeral. As Bowen reports, "the children went up to the casket and felt their mother ... all three spent some time inspecting everything, even looking under the casket" (p. 334). Later, all three children placed pebbles in their mother's hand as gifts, after which they told their father they were ready to go. Within a week, Bowen reports, the children spoke of their mother in the past tense. By implicitly reframing the death as an opportunity to say good-bye to their mother and move her to the family's past, Bowen helped provide the foundation for the family's healthy rebuilding.

For those families who grieve too little, the counselor can reframe this lack of grief as a positive indication of the strong need for connection. By not grieving, family members demonstrate their unwillingness to give up the connection to the deceased. For example, consider a grown child who displays a lack of healthy grief for the loss of an emotionally distant parent. This can be reframed as the child's unwillingness to acknowledge he or she will never be close to their parent. By acknowledging the family's need for connection, the counselor interrupts the family's use of unhealthy distance as a coping mechanism. This allows the counselor to confront a family member who has emotionally turned his or her back on the deceased. Once reframed, the counselor can use this need for connection to re-establish a relationship with the deceased by reviving and exploring memories involving the deceased through writing letters, visiting the grave, talking to family members, etc. (Worden, 1991). Once the bereaved is willing to become emotionally reacquainted with the deceased, the death becomes an emotional reality that allows the end of the relationship to be experienced in a healthier way.

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For families who grieve too much, the counselor may reframe difficulties as problems in saying good-bye. The counselor can suggest to the family that they are, in effect, already in the process of saying good-bye and that they need to continue on with this difficult work. LaClave and Brack (1989) report the use of such a reframe in dealing with a family whose infant died due to significantly deficient growth. Although psychiatric intervention before the child's death had significantly improved the parents' interactions with the child, which in turn caused a remission of symptoms, the infant's medical condition had deteriorated and the infant died. Both the family and attending staff viewed the death as a failure. However, when consultants intervened, the period of remission was reframed as an opportunity for normal parent-child interactions. This prompted admission that this period was a pleasant time, and the parents had good memories with which they could take comfort. Although painful, the family was then able to say good-bye to their child. As the authors point out, this reframe "shifted the focus from the product, the death, to the process, the happy ending" (p. 72).

In summary, whether the counselor helps the family face forward to confront their loss or facilitates the final good-bye, encouraging differentiated grief by the utilization of reframing can be an important role for the counselor in grief counseling. Reframing inherently shifts the focus from the meaning of the loss and the deceased back to those who experience the process. Rather than thinking "I can't go on without you" or "without you life is worthless," the survivors face the meaning of their own grief and loss. When undifferentiated grief is present in a family, the counselor can help by finding new interpretations for existing meanings. Often, this can free family members from unhealthy ways of grieving and prepare them to rebuild a healthy family.

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> *"He that has no knaves, fools, nor beggars in his family, was begot by a flash of lightning."*
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> –THOMAS FULLER, GNOMOLOGIA

Future Directions: Chaos Theory and Nonlinear Counseling

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Chaos theory and the constructs of nonlinear dynamics are proposed as a future direction for moving beyond the traditional and competing linear-causal models of counseling.

The theory of causation and research emphasis in counseling over the past twenty years arguably has been viewed as a linear application of "appropriate" counseling skills, progressing in an orderly development of sequential stages (Brammer, 1973; Carkhuff, 1969a, 1969b, 1971; Carkhuff & Anthony, 1979; Cashdan, 1973; Corey, 1977; Egan, 1986; Ivey, 1983). Some have even asserted that microtraining, a classic linear approach, has made the most significant contribution to counselor training in the past 25 years (cf. Pressley, 1994). As a result, many counselors have come to believe that a flexible, dynamic, and complex process, such as counseling, can be "concretized" into an orderly, linearly progressive sequence of steps.

Recently, however, this linear view has come into question. For example, in a recent interview, Allen Ivey (1994) stated, "Microtraining is a precise system, defining specific behaviors and concrete goals for the interview. We found immediate acceptance - trainees like the fact that the ideas make sense and can be used in the interview at once. At the same time, this precision revealed problems in our original model .... We have found many important variations in skill usage among varied U.S. and Canadian groups .... The Eurocentric tradition, represented by Rogers, Ellis, and Beck, stresses individual decisions with minimal attention to cultural and family context ....

[W]e need to become aware that our present writing and practice were generated primarily from a Northern-European and White male U.S./Canadian frame" (p. 10).

Given this research focus on the complex dynamics that take place while counseling, translating "therapeutic art" into linear, scientific practice would seem difficult, if not impossible. It is with these considerations in mind that we propose the need for theory, ideas, and standardization that "...enrich and change our old theories and stories, enabling a more relevant practice now and in the future" (Ivey, 1994, p. 10).

Some key questions can guide the quest for a new approach. First, can there be a "standardization" of procedures that takes into account all possible transactions that occur between counselor and client? Second, is counseling representative of a series of static, discrete comments, expressions, and gestures between and among individuals that can be tallied and used as input for some quantitative function that indicates when a client will no longer feel depressed or troubled? Or, does counseling embody a system of dynamic interactions that can undergo "transitions to a highly irregular form of behavior ...?" (Peterson, 1988, p. 144). Sometimes, for example, characteristics of the counselor and client become manifest in speech and behavior, but often times they do not. Likewise, counselor and client characteristics often change from situation to situation, making it difficult or impossible for the counselor to predict the client's response, or for the client to predict the counselor's response.

To address such questions, it is our belief that chaos theory may provide a theoretical basis of flexibility and universality sorely needed in the "canon" of counseling. As such, the remainder of our discussion will focus upon the following: a definition of chaos theory; its basic concepts; practical implications for counselors; and future directions for chaos theory in counseling.

Chaos Theory

Chaos theory, also known as nonlinear dynamical systems theory and self organization (Barton, 1994), has been described as a synthesis between simple and complex interactions which can explain both linear and nonlinear relationships (Butz, 1993). Chaos theory also has been described as a model or paradigm, from physics, used to explain nonlinearities in differential equations that govern living systems (Butz, 1993). In this article, chaos theory is used to explore and describe the bearing of nonlinearities on the "living system" of counseling.

Chaos theory finds its roots in mathematics and physics. Essentially, chaos theory represents a system of differential calculus and equations that depict

the patterns of nonlinear, complex phenomena. Differential calculus and its equations are also used to calculate nonlinear systems' rate of change over time. What one has to keep in mind, however, is that "chaos," for most people, typically conjures up notions of randomness and disorder. In truth, chaos describes systems that behave orderly as well as disorderly, and, as such, better represent complexity rather than uncontrollable mayhem. A system is said to be complex because of the lack of complete predictability in the occurrence of events. The lack of complete predictability is attributable to a number of factors that are mathematical, nonlinear, and iterative. These same mathematical descriptions may be tied to an understanding of important phenomena in counseling.

In clinical psychology, for example, the concept of nonlinear dynamics has been applied to family systems and marital therapy, cognitive development in psychopathology, Jungian therapy, psychoanalysis and psychotherapy, posttraumatic stress disorder, multiple personality disorder, schizophrenia, and psychiatric disorders in general (cf. Barton, 1994).

Also, during the past decade, there has been a parallel increase in the practice of other systems-oriented counseling approaches. Bowen (1978), Satir (1982), and Minuchin and Fishman (1981), for example, have addressed various person and situation variables that affect each other in an ongoing, circular (multidirectional or reciprocal) causality fashion, with such variables acting as both cause and effect. In short, nonlinear dynamics as well as systems theories are becoming important aspects and methods of counseling practice (cf. Sexton, 1994).

As a theory, chaos may be used to teach counselors that "... dynamic psychological systems [and counseling] can be explored using the concepts of chaos [theory and] nonlinear dynamics" (Barton, 1994, p. 5). Chaos theory and "... dynamics is the study of the way in which systems change [and] "... explores the effect of various forces on the behavior of systems over time and the manner in which these systems seek optimal stable states" (Barton, 1994, p. 5).

Particular constructs and concepts from chaos theory that may have significant relevance and implication for counselor effectiveness include: sensitive dependence on initial conditions; phase space; attractors; strange attractors; fractals; turbulence; dissipation; and iteration (Gleick, 1987; Stickel, 1992).

Sensitive Dependence

Sensitive dependence on initial conditions refers to systems that are nonlinear. That is, cause and effect are not functionally related (Marion, 1992,

p. 149). For example, a change in one variable (i.e., a first or initial variable) may cause a proportional change in another, second variable up to a certain point, at which time the second variable becomes nonproportional or nonlinear (cf. Marion, 1992). The "straw that broke the camel's back" or "the flapping of a butterfly's wings today in Peking can transform storm systems next month in New York" are seeming analogies. Stated another way, a small, slight change in an initial variable may have a significantly large and nonproportional impact on another variable.

Sensitive dependence on initial conditions, as an important construct in chaos theory, also is related to the mathematical basis of chaos in differential calculus. Initial conditions, for example, would represent the initial starting values of the variables depicted in a series of nonlinear equations. These initial conditions or values, used as the first input in the differential equations, would yield some new output, and this output would provide feedback information to be used iteratively in the mathematical function (see our later discussion under the "Iteration" heading). Basically, sensitive dependence on initial conditions means that minor differences in starting values or initial conditions cascade through a system in a nonproportional and nonlinear fashion. Gleick (1987) summarized sensitive dependence on initial conditions, "In science as in life, it is well known that a chain of events can have a point of crisis that could magnify small changes. But chaos meant that such points were everywhere" (p. 23). Thus, sensitive dependence on initial conditions may be described as variances in a client's life-situation that cascade to a point of disorganization, crisis, loss of control, chaos.

For example, such initial conditions or starting values, in the context of counseling, might involve consideration of the client's expectations for counseling; his or her life-history and experiences; past and current relationships; the social structures with which the client is, or has been, in interaction; and past and present emotional states, behaviors, and thinking. Any or all of these variables (internal, interactional, or social) might be used to describe the initial conditions of the client and yield information to "map" the client's behavior at any moment in time as these variables proceed through their infinite feedbacks.

Phase Space

A definition of phase space, like sensitive dependence on initial conditions, also relies on differential calculus for explanation. Differential calculus allows us to "visualize" a system's dynamics as orbits, much like the orbit of the moon around earth, that may be plotted or "mapped" on a line graph - a process called topology (cf. Marion, 1992). Another illustration of phase space would be that of anyone who has observed a pendulum in motion. If we were

to graph the motion of the pendulum, for example, we would have what is known as a "phase space" plot, depicting a circle. The circle, depicting the motion through space of the pendulum, would represent the pendulum's "phase space" (cf. Marion, 1992).

The shape of a client's phase space, however, may not depict a circle like that of the pendulum, which is "determined" by the variables of its velocity and position in time. Rather, the shape of a client's phase space, as a result of mapping the client's initial conditions for example, may be composed of as many variables in the client's life-situation as are needed to describe the client. Similarly, and intrinsic to chaos theory, however, all that is known about a dynamic system (a pendulum or a client) at a single moment in time can be collapsed to a point. In chaos theory this is known as a "point" in phase space (Stickel, 1992).

For example, using the process of topology mentioned above, Poincare, a French mathematician in the nineteenth century, found that he could observe a system (i.e., the moon's orbit around the earth) at a given period (or a point in phase space) to plot or "map" its orbit, rather than continuously following its motion through space. Likewise, all that is known about a client at a single moment in time may be collapsed to a point in the client's phase space that describes the client's life-situation and conditions.

Attractors, Strange Attractors and Fractals

Continuing the pendulum example to illustrate chaos constructs in counseling, an "attractor" is defined as "a trajectory [orbit] to which motion gravitates. An attractor is stable; any trajectory in its vicinity will move toward it" (Marion, 1992, p. 148). Again, the mathematics of trajectories is differential calculus. A pendulum, for example, demonstrates two stable attractors: back and forth motion, called a periodic attractor, and no motion, called a point attractor, represented by a point in phase space (cf. Marion, 1992). An attractor is also finite. That is, its boundaries are in its phase space. If an attractor is periodic, the behavior of the system (i.e., the motion of the pendulum or the client's behavior) is iterative and repetitive.

Until the 1960s, these two types of attractors were the only ones believed to exist. However, Lorenz (1964) found another attractor, which was labeled the "strange attractor" by Ruelle and Takens (1971). Similar to the other attractors, the strange attractor exists in finite space, it is patterned (i.e., it has a geometric shape), and it is stable (i.e., the system is represented by the attractor). Unlike periodic and point attractors, however, strange attractors are not periodic (they are aperiodic or nonperiodic) and the behavior of systems represented by strange attractors is not repetitive. Rather, the behav-

ior of systems with strange attractors is nonlinear and chaotic. In chaotic dynamics, small differences in initial conditions have nonproportional and nonlinear impacts on outcomes (e.g., the camel's straw and the butterfly's flapping wings). Following Poincare's lead from the nineteenth century, topologists have found that orbits or trajectories with nonlinear, "strange" attractors plot complex patterns on phase space maps. The points of such nonlinear orbits never repeat themselves on a phase space plot. Instead, they sketch patterns of the nonlinear, chaotic strange attractors.

These nonlinear, complex patterns can be illustrated by high-speed computers, which graphically display the complexity of irregular geometry associated with strange attractors. The patterns of irregular geometry associated with strange attractors also have been defined as fractals (cf. Gleick, 1987, for several computerized images of fractals). This irregular geometry is not of the sort described by Euclid, however, as it depicts shapes such as tree leafs and clouds that cannot be fully appreciated in two dimensions or three dimensions, but actually represents fractional, or fractal, dimensions between two or three dimensions. An analogy for a fractal, although not precise, might be that of a fractional number between whole numbers. In fact, the mapping of points in a phase space, represented by a strange attractor, is best described as a fractal representation or a fractal zone.

As Gleick (1987) has noted, a point never returns to its original position. Instead, successive iterations show the point to jump about erratically within restricted regions of phase space. The complexity and detail of the phase space emerges because the number of iterations are infinite, within a finite phase space, indicating that points could be mapped indefinitely within what would appear to be a restricted or bounded region of space, yet one so complex that no two points occupy the same space.

Even though the pattern of relationship characteristics that emerges through this process of iteration is chaotic, as indicated by Barton (1994), " ... nonlinear systems tend to settle down over time. This settling down, or convergence, tends to result in ... patterns ... called attractors .... [I]f a system is chaotic, general patterns of future behavior may be predicable but specific behaviors over the long run will not .... The presence of chaos suggests that even if we are able to characterize all the variables in a nonlinear system completely, general patterns of future behaviors may be the best we can hope to predict" (pp. 6- 7). But, it is possible to reconstruct a chaotic or "strange attractor" from a time series of observable repetitive behaviors.

Patterns in phase space may emerge in what appears to be chaos (Stickel, 1992), suggesting that chaos is orderly as well as disorderly (Stevens, 1991). For instance, the shape of the "chaos pattern" within phase space, as a result of mapping a client's initial conditions, may describe the variables composing

the client's movement from stabilization to disorganization and turbulence (Stickel, 1992). "What is turbulence? There is no obvious answer to this question" (Ruelle, 1993, p. 52).

Turbulence

Ruelle (1993) went on to state, however, that turbulence was described by strange attractors. That is, " ... the motion on a strange attractor has sensitive dependence on initial conditions" (Ruelle, 1993, p. 64). In layman's terms, turbulence refers to the movement of a system from a stable (periodic) state to a destabilized, nonperiodic, unpredictable, nonlinear, chaotic state. For instance, many objects vibrate or oscillate when perturbed, a pendulum for example. A given object also may have different oscillations, some periodic and some turbulent, just as a pendulum's periodic oscillation or motion becomes turbulent and chaotic when perturbed (hit, bumped, kicked). But, in time, the pendulum settles down to its initial periodic motion.

Turbulence also may be used to refer to the situations in a client's life that move the client from stabilization to destabilization (i.e., crisis, disorganization, turbulence, chaos). From the perspective of chaos theory, however, these life-situations are not random events (Stickel, 1992). Turbulence occurs in the context of social systems (defined as social structures such as work-groups, peer groups, family, church, business and industry, corporations, communities, educational institutions, etc.), complex interactions and relationships, changes in these interactions, and changes in the client (cf. Marion, 1992).

Consequently, chaos theory differentiates between social systems, as defined above, and individual systems (Chubb, 1990; Parnell & Vanderkloot, 1991), with social systems being qualitatively different from individual systems. Social systems are seen as autonomous, complex, nonlinear and interactive processes (Chubb, 1990; Shapiro & Shapiro, 1982). On the other hand, individuals may develop the ability to turn around upon themselves and assemble new schemata. That is, individuals may develop the ability to adapt to a stressful work environment or a conflictual interpersonal relationship by evolving new and more adaptive ways of behaving, thinking, or feeling. In the realm of chaos theory, such individual abilities and properties have been described as "self-organization" (Bartlett, 1932).

Barton (1994) further described "self-organization" as involving structures that can reconstruct themselves when destabilized by new information from external or internal cues. In the current environment of corporate and economic "down-sizing," for example, an individual may lose his or her job. Rather than becoming hopeless, due to the non-availability of new jobs in a particular geographic area, or questioning and doubting one's self-worth and

value as a productive employee, however, an individual who is self-organizing may return to school, move to a different geographic region, and "emerge" with a new and satisfying job and career.

Thus, "self-organization" denotes a pattern that appears in an "open system" (meaning influenced by or being open to external factors and variables), but without specification from, or being entirely determined by, the outside environment or conditions. That is, "self-organization" involves individuals' capacity to acquire some degree of stability, as well as the ability to flexibly reconstruct themselves, when destabilized by new internal or external information, without specification and determination from external cues or social systems.

Chubb (1990) further suggested that a controversial implication of the self-organization construct may be that therapists can only influence "systemic process" by working with individual clients (cf. Lichtenberg & Knox, 1991). By "systemic process" we are referring to the interconnectedness of all parts of a system, from the smallest part (i.e., local or microscale events) to the largest (i.e., global or macroscale events). In chaos terms, the emergent global (macroscale) patterns and structure of complex chaotic systems may be "determined" by local (microscale), individual interactions, rather than the other way around. That is, the most effective way to influence large social structures (i.e., global or macroscale events) may be to influence the systemic process of individuals (i.e., the smallest, local or microscale events), rather than attempting to "change" the global social structures themselves (cf. Lewin, 1992).

Regardless of whether the "unit of change" is the individual client or social structures and systems, attention still must be given to the client's complex interactions and relationships with social systems, changes in these interactions, and internal changes in the client. The difficulty arises because the behavior of such individual and social structures is turbulent and nonlinear. And, nonlinearity is often attributed to dissipation, which is further defined in terms such as gravity, velocity, friction, etc. (cf. Hofstadter, 1985; Marion, 1992).

Dissipation

All turbulent systems are considered dissipative systems in that they degrade energy from more usable forms, such as electricity, into less usable forms of energy, such as heat. This relationship between energy forms is mostly dependent on friction. However, what makes the exchange of energy chaotic is that friction cannot be assigned a constant value as it, in turn, depends on the speed of particles or objects.

Dissipation is also typically associated with the construct of entropy, which broadly means the tendency of a system in motion to run down or come to stop. One stable state of the pendulum, for example, is its back and forth, circular motion - a periodic attractor. Another stable state of the pendulum, however, is no motion - a point attractor, which is the result of dissipation. Gravity and friction dissipate the pendulum's periodic motion to no motion. Unless more energy is provided to the pendulum (such as winding a clock), the pendulum's motion will succumb to entropy and the dissipation of energy due to gravity and friction, and stop. As a sidebar, it should be noted that the construct of entropy also is used in the chaos literature to describe the randomness of systems or phenomena.

If we use these physical science analogues to describe human interaction, then we might assume that for any human interaction, such as communication, one party begins one source of energy that is responded to by another party with another source of energy, as depicted by the following: communication (energy) -> conflict (friction) -> breakdown in communication (dissipation). Thus, from a chaos perspective, conflict, turbulence, and movement from stabilization to destabilization (dissipation) are inevitable.

Conflict (friction) between counselor and client, for instance, may be inevitable due to their differing expectations about how counseling sessions proceed, differences in their life-histories and experiences, or perhaps disagreement associated with their varying points of view, theoretical perspectives, and values. The resolution of conflict or the reduction of friction may, in turn, depend on how quickly and flexibly a counselor can acquire meaningful information to understand the client's situation, or how flexible a client may be in accepting the counselor's recommendations or interventions.

Finally, nonlinearity is often attributed to dissipation, but it is difficult or impossible for differential calculus to solve equations with terms that represent nonlinear dissipation. Again using the process of topology and phase space plotting, however, Poincare found that such nonlinear, dissipative systems could be described with algebraic equations rather than differential calculus. And, this notion brings us to the final chaos theory concept to be discussed.

Iteration

Iteration seems an apt construct with which to conclude this section of the article, because it returns us to the first chaos construct we discussed; sensitive dependence on initial conditions. To illustrate the impact of small differences in initial conditions, for example, Barton (1994, p. 6) used the following logistic equation:

$x' = x + ax(1 - x)$, $1.5 \leq a \leq 3.0$.

Mandel (1995) pointed out in this algebraic equation that an initial value of x is used to calculate the next value of x (indicated as x by Barton (1994)). This new value of x (x') is used in the equation to calculate the next value of x, ad infinitum. This process of feeding the output of x' back into the same equation to calculate new input (i.e., the next value of x) is called iteration (cf. Mandel, 1995). Thus, iteration involves the repeating of a certain function using the previous output as input for the next function or operation (Stickel, 1992). Basically, iteration is a simple feedback loop.

Mandel (1995) also noted that initial conditions are sometimes merely arbitrary starting points, as, for example, the initial interaction between a counselor and client. Yet, Mandel (1995) additionally found that difference values (i.e., x') in the iterative, logistical equation become highly variable and unpredictable by the 20th step of the iterative sequence. The implication is that small, arbitrary differences in initial conditions will quickly lead to divergent outcomes. Mandel (1995) further paralleled the chaos theory constructs of sensitive dependence on initial conditions and iteration with Bandura's (1982) notion that peoples' lives can be significantly influenced, at critical times, by seemingly trivial and inadvertent life-events.

Applying the chaos theory of construct of sensitive dependence on initial conditions to counseling, and because iteration suggests feedback, the outcome of one interaction between counselor and client may direct the system of counselor-client variables to result in unpredictable behavior (chaos) upon their next meeting. For example, following a conflict with a client, the counselor may anticipate their next session to begin with additional conflict only to find the client to be expressive of how helpful the prior conflict was to her/his self-understanding. The counselor may discover, over time, that the client's iterative pattern is to initiate conflict prior to accepting new insights or awareness. But, the counselor still may not be able to predict, specifically, when or where in the counseling process that the next client-initiated conflict may occur. This points out that counselors must not only take into consideration the conditions that may exist between counselor and client initially, or at one given moment in time, but also to examine client change at various points in time during counseling (i.e., in the client's phase space).

Implications for Counselors

Grounded in the knowledge of chaos theory, counselors may: 1) be better prepared to flexibly tolerate the chaos and disorder of their own and their clients' life-situations and 2) possess the necessary flexibility in relationship skills to assist clients in their movement from chaos, uncertainty, and disorder to their resolution of turbulent life-situations and destabilization.

All of this is by way of suggesting that the constructs of chaos theory have utility and implication for the practice of counseling. It is with this in mind that we propose the variables of personal history, flexibility, and the working alliance (relationship) between counselor and client as critical "initial conditions" and "strange attractors" of importance in counseling effectiveness.

Based on counselors' observation of clients' repetitive, iterative behaviors, and their interventions with these "initial condition" variables over time, counselors may be able to reconstruct their clients's personal history attractor, as well as their iterative, turbulent, and chaotic relationship patterns. Clients' self-organization and their capacity to acquire some degree of stability, as well as their ability to flexibly reconstruct themselves, would be possible therapeutic outcomes and implications for the use of chaos theory in counseling.

Personal History

"[H]ow people perceive, recount, or interpret past events is surely as important as the events themselves. It shows how they make sense of their experiences and use them to cope with the present and make decisions about the future .... It captures a picture of ... lives as they develop over time .... It allows an analysis of subjective experience and the reinterpretation of experience in response to specific events .... And it is well suited to discovering ... social arrangements and practices .... Studying how individual biographies intersect with structures in flux provides a powerful tool for making sense of these [experiences and] social processes" (Gerson, 1993, p. x, xi).

From a chaos theory perspective, it is necessary for practitioners to understand the "initial conditions" of their clients' life-histories. "Problems of biography, of history, and of their intersections with social structures ... are the coordinate points of the proper study of man .... the problems of our time - which now include the problem of man's very nature - cannot be stated adequately without ... develop[ing] a psychology of man that is sociologically grounded and historically relevant" (Mills, 1959, p. 143).

Clients' life-histories suggest some of the most prevalent patterns, expectations, outlooks, circumstances, and diversity among people. In addition, social conditions change irrevocably, resulting in historical ambiguity and diversity. How these conditions vary across individuals, and change over time, is part of the "story" of peoples' lives, placing their accounts in a social, historical, and comparative context (Gerson, 1993). "This means we need to examine how social [and historical] opportunities and constraints shape [peoples'] lives ...." (Gerson, 1993, p. 12). Consequently, historical information is particularly useful when understanding and resolving client prob-

lems. It is on the basis of these life-histories, experiences, and interactional patterns that we form our present and future expectations. Differences in life-histories and experiences additionally affect the expectations for interactional patterns and behavior between counselor and client; their options, their choices, and the outcomes and consequences of their interactions.

Because no two people share the same life-histories, and their concomitant experiences and interactional patterns, personal histories may serve as a strange attractor that represents a fractal zone in phase space between the varying life-histories of the counselor and client. And, even though the life-histories of counselor and client may appear to converge, and patterns develop, the life-histories never revisit the same point in the feedback loops of a dynamic system. Thus, each new session with the same client, and each session with a new client, represents the interactional pattern of the fractal zone between the strange attractor of the counselor's and client's life-history.

Flexibility

Counselor flexibility also may function as a strange attractor in the phase space of counselor-client interactions. Counselors' flexibility in their approach to each client and counseling session is believed to lead to enhanced counseling process and outcome (Borders & Fong, 1984; Gabbard, Howard, & Dunfee, 1986; Kivlighan, Clements, Blake, Arnzen, & Brady, 1993). That is, a system that is flexible can tolerate periods of chaos (Stevens, 1991). Interestingly, few published studies have examined the link between theoretical orientation and counselor flexibility (Fong, Borders, & Neimeyer, 1986; Howard, Nance, & Myers, 1986; Kivlighan et al., 1993).

Thus, the use of chaos theory may provide a theoretical link for the development of therapist flexibility from which to assist clients in a world of disorganization, uncertainty, and chaos. Similar to the General Systems Theory's (Bertalanffy, 1968) notion of "requisite variety," counselors with the greatest repertoire of behaviors are the most effective. Flexibility, adaptability, and openness arguably are necessary for process and outcome effective therapists.

Flexibility, as a strange attractor, also may represent a fractal zone in the phase space between the different meaning making structures of the counselor and client. If clients process information differently in their meaning making, a requisite counselor characteristic and strange attractor would seem to be the counselor's ability to flexibly integrate cognitive, emotional, and behavioral approaches to the understanding of their clients' meaning-making patterns. The ability to fluidly move between the fractal zones of the client's emotional, cognitive, and behavioral phase space would represent the greatest repertoire of behaviors and the most effective counselor.

Relationships

An additional variable found to be influential in therapy outcome is the therapeutic relationship between counselor and client (Herman, 1993; Luborsky, Crites-Christoph, McLellan, Woody, Piper, Liberman, Imber, & Pilkonis, 1986; Orlinsky & Howard, 1986; Schaffer, 1982). In an investigation of 1,100 research findings, Orlinsky and Howard (1986) cited 19 studies that reported a significant association between the quality of the therapeutic bond and positive therapy outcome (Herman, 1993). Similarly, Luborsky et al. (1986) concluded, "Variations in success rate typically have more to do with the therapist than with the type of treatment" (p. 501). This point is also in concert with Herman (1993), " ... a new emphasis must be placed on the personal characteristics of the therapist ... " (pp. 31-32) and the ability of the therapist to form a quality therapeutic bond (relationship) with the client. A focus on the importance of the relationship between counselor and client is likewise compatible with clinical results that suggest flexibility as an important aspect of forming a working alliance (i.e., bonding, relationship) between counselor and client (Kivlighan et al., 1993).

From this perspective of relationships and relationship formation, some individuals (Bateson, 1972; Haley, 1976; Hoffman, 1981; Jackson, 1977) have advocated that systemic theories present a more useful explanation of behaviors and interactions than do the linear-causal models advocated by most other counseling approaches. "Consequently, systemic or interactional theories and techniques are becoming an important part of counseling practice and counselor education programs" (Sexton, 1994, p. 249). Sexton continues, "... [P]sychosocial systems are best understood as repeated patterns of interpersonal interaction [iteration]. These patterned interactions eventually are organized according to covert relationship rules and roles [patterns] that maintain behavioral consistency within the relationship system .... [However,] Fish (1990) indicated that an interactional view ... must consider that in short periods of time, causation ... may be linear. It is only when the understanding of that behavior is expanded over larger time frames that an interactional [nonlinear] perspective may appropriately apply" (Sexton, 1994, p. 251).

Phenomenologically, however, most clients live in a linear world in which one event determines the next (cf. Dell, 1986; Sexton, 1994). When confronted with interpersonal problems, clients, and many counselors, develop linear-causal explanations and attribute the cause of the difficulty to a specifically identifiable past event, another's behavior, an environmental cause, or a personal deficit to understand and control the events around them (Jones & Nisbeth, 1971; Kelley, 1971; Strong, 1973). Sexton (1994) additionally noted that "practitioners should be aware that the experience that clients describe

by its very nature will be linear and focused on a narrow time frame .., it is only with longer time frames that the interactional [nonlinear] perspective may overcome the ... [linear] causality" (Sexton, 1994, p. 252).

As a result of the linear-causal perspective, many clients enter counseling with certain expectations about the counseling relationship, and the chaotic counselor must be aware of these client expectations in the development of the counseling relationship. During the beginning of the counseling process, for example, difficulties in the counseling relationship may be overcome or avoided if counselors can separate their theoretical understanding of the client (i.e., chaos theory) from their interpersonal interaction with the client; taking care not to discount the client's phenomenologically linear world.

Additionally, client resistance during the beginning of counseling may be due to the client's not understanding the counselor's theory of chaos rather than the client's resistance to change. In this regard, "Dell (1986) ... proposed that the experience of the client and the ... counselor are not mutually exclusive but are abstractions of the same event. He suggested that experiences are by their very nature linear, whereas theoretical explanations are causal abstractions that can transcend the experiential level. As suggested by Fish (1990), it is only with longer time frames that the interactional perspective may overcome ... [linear causality] .... Counselors' theoretical understanding of the events described by clients must encompass a larger frame of reference [over time] and can be ... without a contradiction in terms of issues of causality ...." (as cited in Sexton, 1994, p. 252).

Systemic interventions then may be attempted by the counselor to find alternative patterns and iterations in the client's turbulent life-situation by developing nonlinear explanations and interactions that are more functional. The focus of such counseling interventions would be directed at clients' person-related variables and changes in their relationships. The unit of intervention would become the client's intrapersonal phenomenology, the client's interpersonal interactions, and the psychosocial system (e.g., involving both psychological and social systems, as in adjustment to marriage). Thus, counselors could begin to reframe clients' experiences in terms of nonlinear explanations, with the goal of such reframing being the development of a working relationship (alliance) between the client and counselor. The consequence of such working alliances, and the counselor's reframing of clients' experiences and relationships from a chaos perspective, would be clients' ability to self-organize, stabilize, and flexibly reconstruct themselves when destabilized by new internal or external information.

Basically, the chaos practitioner becomes an agent of change in the client's relationships. The counselor's relationship with the client becomes the "vehicle" to "push" the client toward restructuring and reorganizing her or his

patterns of intrapersonal, interpersonal, and psychosocial relationships toward a more stable and flexible state. In some instances, the counselor also may need to push the client toward turbulence and destabilization, if his or her current stable state is not functional. In the case of couple violence, for example, a violent relationship may represent a stable state and equilibrium, but such a stable state also is not functional. In such a case, the counselor may intervene as an external perturbation to the stable but violent system by pushing the couple toward disorganization and turbulence, so that they may self-organize and reconstruct their intra- and inter-personal relationships toward a nonviolent, stable, and flexible state.

Future Directions

Barton (1994) pointed out that sometimes a single solution can be obtained, but often an answer to a problem involves a pattern of solutions. In the counseling relationship, for example, communication occurs between the counselor and client, resulting in information exchanges feeding back into the counselor-client interpersonal interactions, as well as providing feedback to the counselor's and client's individual intrapersonal systems.

The problem with traditional counseling perspectives is that they place emphasis on counselors' linear and discrete skill development, built upon a historical perspective of theory, and with no single or particular theoretical model in mind (cf. Kottler, 1993). If viewed as a natural system (Barton, 1994), however, counseling may not be a linear-causal, dichotomous process but rather a complex, unpredictable interaction with unpredictable outcomes. If so, the theoretical constructs of chaos theory may relate more closely to the nonlinear unpredictability and irregularity of counseling, and counselors' relationships and interactions with their clients.

This unpredictability in counseling may be associated with a construct of chaos theory known as sensitive dependence on initial conditions (Barton, 1994) or with other constructs from chaos theory, such as phase space, attractors, strange attractors, fractals, turbulence, dissipation, and iteration (Gleick, 1987; Stickel, 1992). As such, the future direction of counseling practice and research might be focused upon fractal attractors and nonlinear variables such as those we have suggested: personal history, flexibility, and nonlinear, interactional relationship patterns.

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